

Last Name:

2023-2024

### Zion Family Information

Parent 1:		Email:
Address: City:	State: Zip:	Home/cell:
		Work phone:
		Occupation:

Parent 2:		Email:
Address: City:	State: Zip:	Home/cell:
		Work phone:
		Occupation:

**Publish family information in the school directory?** Yes or No

#### Student Information

Child 1

Full Name:	Grade:	Allergy	Medication/Action Needed?
Date of Birth:	Ethnicity: Choose an item.		Choose an item. – If yes, please explain.
Neighborhood School:	Church Membership:		Choose an item. – If yes, please explain.

Child 2

Full Name:	Grade:	Allergy	Medication/Action Needed?
Date of Birth:	Ethnicity: Choose an item.		Choose an item. – If yes, please explain.
Neighborhood School:	Church Membership:		Choose an item. – If yes, please explain.

Child 3

Full Name:	Grade:	Allergy	Medication/Action Needed?
Date of Birth:	Ethnicity: Choose an item.		Choose an item. – If yes, please explain.
Neighborhood School:	Church Membership:		Choose an item. – If yes, please explain.

#### Emergency Contact Information

Name	Relationship	Phone