

Liberty Creek High School 2024 - 2025

Student Name _____ Teacher _____ Grade _____
Last First Middle Nickname
Birthday _____ Age _____ Sex _____ City of Birth _____ County of Birth _____ State of Birth _____ Country of Birth _____
Race: (Mark all that apply) White ___ American Indian ___ Asian ___ Black/African American ___ Pacific Islander/Native Hawaiian ___ Ethnicity: Hispanic ___ Not Hispanic ___
School Last Attended _____ Address _____ Phone _____ Dates _____

Custody: Mother Father Both Other _____ **Custody Papers On File In Office?** Y or N **Non Custodial Parent May Pick Child Up From School?** Y or N
Visitation Restrictions: _____ **Non Custodial Parent May Attend School Functions and Join Child For Lunch?** Y or N
Please List Any Person(s) Your Child Should **NEVER** Be Allowed Contact With. You Must Provide A Valid No-Contact Order For Us To Deny Contact With A Non-Custodial Parent.
Name _____ Relationship _____
Name _____ Relationship _____

Father/Guardian _____
Address _____ City/State/Zip _____
Primary Phone _____ Secondary _____
Employer _____ Work Phone _____
Email _____

Mother/Guardian _____
Address _____ City/State/Zip _____
Primary Phone _____ Secondary _____
Employer _____ Work Phone _____
Email _____

Primary Residential Parent Child Lives At This Address

Primary Residential Parent Child Lives At This Address

List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached. Parents Are Required To Notify The School Office In Writing If Any Pick Up Information Changes.

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand that the student's assignment to a school is based on the legal residence of the primary custodian.

Parent or Guardian Signature _____ Print Name _____ Date _____

Does your child have an IEP ___Yes___No

Does your child have a 504 Plan ___Yes___No