East Granby Public Schools Student Information Request Form				
Student's Last Name		Student's First Name		Student's Middle Name
Student's Last Nan	lie	Student's First	Name	Student's Middle Name
Street Address		City, State, Zip		Home Phone
Gender (M or F)	Birthdate (MM-DD-YYYY)	Name of Last S	chool Attended	City and State of Last School Attended
Place of Birth: Please list City, State and Country		Year of Immigration (complete if child was not born in USA)		Number of School Years Completed in USA (complete if child was not born in USA)
Date of Enrollment		Anticipated Year of Graduation		Grade
(Parent 1) Name		(Parent 1) Street Address		(Parent 1) City, State, Zip
(Parent 1) Occupation		(Parent 1) Employer		(Parent 1) Home Phone
(Parent 1) Work Phone		(Parent 1) Cell Phone		(Parent 1) Email
(Parent 2) Name		(Parent 2) Street Address		(Parent 2) City, State, Zip
(Parent 2) Occupation		(Parent 2) Employer		(Parent 2) Home Phone
(Parent 2) Work Phone		(Parent 2) Cell Phone		(Parent 2) Email
Military Family – the child's parent or guardian is a member of the Armed Forces on active duty or serves on full-time National Guard duty.		Military Family? - YOU MUST CHOOSE ONE □ YES □ NO		Immigrant? - YOU MUST CHOOSE ONE ☐ YES ☐ NO
Race/Ethnicity: IS YOUR CHILD HISPANIC OR LATINO? -YOU MUST CHOOSE ONE				
Race/Ethnicity: (Check all that apply) YOU MUST CHOOSE AT LEAST ONE				
□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White				
What is the dominant language at home? (If other than English)		Eligible for free/reduced p (Yes or No) Please call 653		orice for milk and lunches? 8-6486 for details.
Transfer Students Only-School Name (Transfer		ring From)	School Address and Phone	e (Transferring From)