



SLPS Family Information Form



Primary Adult	M F G	Last Name	First Name	MI	Suffix	Date of Birth	Gender M F
Living Address		City/State/Zip	County		<input type="checkbox"/> Phone#		<input type="checkbox"/> Cell#
*Employment Status Y N	Adult Living with Family? Y N		Provide Financial Support? Y N		# In Family	# Children	# In Household
*Employer Name:		Employer Address, City, State, Zip:				<input type="checkbox"/> Phone#	
Employment Status Codes B = Full Time Work/Training P = Part Time F = Full Time S = Seasonal L = Part Time Work/Training T = Training/School R = Retired/Disabled U = Unemployed							

Income Verification Information					TANF Status: Yes No Formerly		Social Security Income: Y N		WIC: Yes No	
Per: Twice a month x 24 = Annual Income; Weekly x 52 = Annual; Monthly x 12 = Annual Income; Bi-Weekly x 26 = Annual Income				Income Type: ERN=Earned; SUB= Subsidized		Description: PEN=Pension; SSI=SSI; SS=Social Security; EMP=Employment; UMB=Unemployment		Verification: CS=Check; EL=Employer Letter; TAN=TANF; W2=W2; TF=Income Tax Form STMT=Unemployment letter		
Family Member Name	Date	Source	Amount	* Per	Annual	*Income Type	*Description	*Verification		
			\$		\$					
			\$		\$					
			\$		\$					
Income Verified By: W2 Check Stub Tax Return SSI Letter Other: _____ Document Date/#: _____										

I have reviewed the required verification documents and certify that this information is true.

Parent/Legal Guardian Signature

Date

Staff Signature

Date



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Emergency Contact/Authorized pick-up Information/Medical Contacts						
Contact Name:	Address, City, State, Zip	Home#	Work#	Relationship to Child	Emergency	Release To
		Cell#	Other		Y N	Y N
Contact Name:	Address, City, State, Zip	Home#	Work#	Relationship to Child	Emergency	Release To
		Cell#	Other		Y N	Y N
Contact Name:	Address, City, State, Zip	Home#	Work#	Relationship to Child	Emergency	Release To
		Cell#	Other		Y N	Y N
Contact Name:	Address, City, State, Zip	Home#	Work#	Relationship to Child	Emergency	Release To
		Cell#	Other		Y N	Y N

Please list all children, currently enrolled in the SLPS district, living in the family home of the student enrolling.

Child's Relationship to Adult: C - Natural Child F – Foster G - Grand Child N - Niece/Nephew O – Other (list below)									
CHILDREN (List Enrolling Child First)	Last Name	First	Middle	Preferred	Suffix	Date of Birth	Gender	Child's Relationship to Adult	Custody
							M F		Y N
							M F		
							M F		
							M F		
							M F		
							M F		
							M F		