

NOTE: TO QUALIFY FOR SIBLING STATUS, STUDENTS MUST SHARE A COMMON PARENT, EITHER BIOLOGICALLY OR LEGALLY THROUGH ADOPTION.

HOUSEHOLD INFORMATION:

Adult Name:

Relationship to Student: (Please Circle one)

Mother Father Grandmother/Grandfather Other: _____

Is this person a legal guardian?	YES	NO
Does this person receive mail?	YES	NO

Telephone: Home: _____

Cell: _____

Work: _____

Email: _____

Address: _____

Adult Name: _____

Relationship to Student: (Please circle one)

Mother Father Grandmother/Grandfather Other: _____

Is this person a legal guardian?	YES	NO
Does this person receive mail?	YES	NO

Telephone: Home: _____

Cell: _____

Work: _____

Email: _____

Address: (If different) _____

I certify that the information I have provided on all pages of this entire application is true and correct to the best of my knowledge and that any false statements or misrepresentation may result in the cancellation or denial of my student's application.

I understand that it is the Parent/Guardian's responsibility to inform PFSJCS in writing of any change of address.

Date: _____

Signature of Parent/Guardian