

# Steamboat Springs School District

## 2009-10 Family Address and Information Form One form per FAMILY *Please Print*

**Primary Household Phone Number:** \_\_\_\_\_

**Please list your children who are registering in the Steamboat Springs School District:**

**Student:** \_\_\_\_\_  
*First Name Middle Name Last Name Grade School*

**Student:** \_\_\_\_\_  
*First Name Middle Name Last Name Grade School*

**Student:** \_\_\_\_\_  
*First Name Middle Name Last Name Grade School*

**Student:** \_\_\_\_\_  
*First Name Middle Name Last Name Grade School*

**Student:** \_\_\_\_\_  
*First Name Middle Name Last Name Grade School*

**Family's Physical Address:** \_\_\_\_\_ Apt./Unit \_\_\_\_\_

\_\_\_\_\_  
*City State County Zip*

**Mailing Address** (if different from physical address):

\_\_\_\_\_  
*PO BOX City State Zip*

Home Phone Number: \_\_\_\_\_  Listed  Unlisted

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### Parent / Guardian #1 - LIVING AT THE ABOVE ADDRESS

\_\_\_\_\_  
*First Name Last Name* Relationship to Student(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Parent / Guardian #2 - LIVING AT THE ABOVE ADDRESS

\_\_\_\_\_  
*First Name Last Name* Relationship to Student(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Translation and Interpretation Needs for Primary Household:**

- Do you need help understanding school documents that are written in English?  Yes  No
- (If yes, language spoken: \_\_\_\_\_)
- Do you need the help of an interpreter for meetings with school personnel?  Yes  No

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**Secondary Residence Information for Parent/Guardian NOT living at primary residence:**

*Please complete this section if student resides at another residence some of the time. Mailings are sent to the primary residence. Do you want an additional mailing to go to secondary address?*  Yes  No

Home Telephone Number: \_\_\_\_\_

Secondary Residence Physical address: \_\_\_\_\_ Apt/Bldg \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian #1 living at the SECONDARY residence:**

\_\_\_\_\_  
*First Name*                      *Last Name*                      Relationship to Student(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian #2 living at the SECONDARY residence:**

\_\_\_\_\_  
*First Name*                      *Last Name*                      Relationship to Student(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Translation and Interpretation Needs for SECONDARY Household:**

- Do you need help understanding school documents that are written in English?  Yes  No
- (If yes, language spoken: \_\_\_\_\_)
- Do you need the help of an interpreter for meetings with school personnel?  Yes  No

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Parent or Guardian Completing this Form