



Laboratory School

Personal Data Sheet

Child's Name _____

Last

First

Middle

Sex: Male or Female

Race: White Black Hispanic American Indian Asian

Date of Birth: Year _____ Month _____ Date _____

Place of Birth: State: _____ City: _____

Birth Certificate #: _____

Home Telephone: (_____) _____

Parent / Guardian's Street Address: _____

Mailing Address:

School Last Attended: _____

Grade Attended at Last School: _____

Please circle: Promoted or Retained

Handicaps, Physical Defects or Health Problems: (Vision Hearing Other)

Father's Name (As shown on birth certificate)

First: _____ **Middle:** _____ **Last:** _____

Is he Living: yes no

Mother's Name (As shown on birth certificate)

First: _____ **Middle:** _____ **Last:** _____

Is she Living: yes no

Child Lives with (Please Circle): both natural parents, single parent,
one parent and a step parent, guardian, foster parents, other _____

Name and Relationship of Person with whom child lives, if not parents:

Education Level of Parents or Guardian

	Father	Mother
Less than High School		
High School		
Attend College		
College Graduate		

Occupation of Parents:

Father: _____ **Mother** _____

Number of Brothers: _____ **Number of Sisters** _____

Position in Family: _____