

## ZUMBROTA-MAZEPPA PUBLIC SCHOOLS FAMILY INFORMATION FORM

(Required, please complete ONE per family)

### Primary Parent/Guardian Information (Parent(s)/Guardian(s) living in primary household with students)

Full Legal Name A: (Last, First, Middle)				Full Legal Name B: (Last, First, Middle)			
Birth date:	Gender:	Male Female Nonbinary	Hispanic: Y or N Migrant: Y or N	Birth date:	Gender:	Male Female Nonbinary	Hispanic: Y or N Migrant: Y or N
Cell	Work			Cell	Work		
Employer:				Employer:			
E-mail:				E-mail:			

### PRIMARY Household (The primary residence of your students) All student information and mailings will be sent to the primary household.




Street Address:					Apt #:
Mailing Address (if different than above):					
City:	State:	Zip:	Household Phone:	Landline	
				Cellular	

### Please list ALL members of the primary household (Adults, Parents & children) Relationship= (Son, Daughter, Spouse, Self, Step Son, Step Daughter, Foster Child, etc...)

Full Legal Name (Last, First, Middle) List ALL members of primary household	Birth date: (mm/dd/yy)	Gender	Relationship to Parent/Guardian A	Legal Guardian	Relationship to Parent/Guardian B	Legal Guardian
		M F Nonbin		Y N		Y N
		M F Nonbin		Y N		Y N
		M F Nonbin		Y N		Y N
		M F Nonbin		Y N		Y N
		M F Nonbin		Y N		Y N
		M F Nonbin		Y N		Y N
		M F Nonbin		Y N		Y N
		M F Nonbin		Y N		Y N

### Second Parent/Guardian Mailing (Parent/Guardian not living in the primary household with student(s))

Full Legal Name C: (Last, First, Middle)			Name(s) of student(s) pertaining to this parent/guardian:	Relationship to Parent/guardian C	Legal Guardian
Street Address:					Y N
City:	State:	Zip:			Y N
Birth date:	Gender:	Male Nonbinary			Y N

Cell	Work			
Employer:				
E-mail:				
Home Phone:		Landline Cellular		
Emergency Contacts (Emergency contacts are those people to whom we may release the students listed above in the event of an illness or injury if the Parent/Guardian cannot be reached. In the case of serious accident or illness at school, 911 will be called, PLEASE DO NOT put the names of any previously listed Parent/Guardians in the following spaces.				
<b>Emergency Contact #1</b>	First Name:		Last Name:	
Primary/Home	Cell		Work	
<b>Emergency Contact #2</b>	First Name:		Last Name:	
Primary/Home	Cell		Work	
<b>Parent/Guardian Signatures</b>				
<b>I CERTIFY THE INFORMATION PROVIDED ON THIS CENSUS FORM IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.</b>				
Signature of Parent/Guardian A: 			Date:	
Signature of Parent/Guardian B: 			Date:	
Signature of Parent/Guardian C: 			Date:	

**Protection and Privacy of Student Records**

Educational records that identify or could be used to identify a student, other than directory information, may not be released to members of the public without the written permission of the student's natural parent, legal guardian or eligible student. Individuals such as step parent, grandparent, etc. need authorization to attain student information. *\*Please note that the Zumbrota-Mazeppa School District, by law must release information to a natural parent unless we have a court document stating otherwise. **If you wish to give permission to a step parent, grandparent, an organization, etc. please complete an authorization for a release of student records form.** This form is available at each school building in the principal's office.*

Save form as PDF and email to  
**tammyg@zmsch.k12.mn.us**