



# MARLBORO CENTRAL SCHOOL DISTRICT



## *Student Information Form*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Student's Residential Address (No PO Box):

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

County of Residence: \_\_\_\_\_

Parent/Guardian Information:

Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Information:

Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Information:

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)