



Has this student previously been enrolled in Falmouth Public Schools? Yes \_\_\_\_ No \_\_\_\_

Person Completing Form \_\_\_\_\_ Relationship to Student \_\_\_\_\_

	Parent/Guardian	Parent/Guardian
Name		
Place of Employment		
Occupation		
Business Phone		
Person With Whom Student Lives		
Relationship to Student		

**Siblings in Order of Age: From Youngest to Oldest:**

First Name	Last Name	Date of Birth	Gender Male, Female, Non-Binary	Grade and School

**Other Household Members:**

First Name	Last Name	Date of Birth	Gender Male, Female, Non-Binary	Relationship to Student