

Summersville School Personal History Sheet

Child

Child's Full Name _____

Date of Birth _____ Place of Birth _____

Social Security Number _____

Address _____

Phone Number _____

Cell Phone Number _____

Emergency Phone Number _____

Child lives with _____ Mother _____ Father _____ Other

Explain other _____

Family

Father's Name _____

Step Parent's Name (if applicable) _____

Address _____ Phone _____

Occupation _____

Mother's Name _____

Step Parent's Name (if applicable) _____

Address _____ Phone _____

Occupation _____

Guardian's Name _____

Names of Siblings

Age

Names of Siblings	Age
_____	_____
_____	_____