



City School District of Albany Home Instruction Information Form

Please complete one form for each student

Entering Grade: _____

Student Name _____ Male Female
Last First Middle

Home Address _____ Zip _____

Email Address _____

Date of Birth: _____ Age: _____ City, State or Country of Birth _____

Please check all that apply:

Hispanic _____ Non-Hispanic _____

Black or African American _____ White _____ Asian _____ American Indian/Alaskan Native _____

Native Hawaiian or Other Pacific Islander _____

Is this child currently enrolled or has previously been enrolled at a school? Yes _____ No _____

If so, please list the name of the school - _____

Parent's Name _____ Male or Female _____
Last First

Address (if different from above) _____ Zip _____

Home Phone _____ Cell Phone _____

Parent's Name _____ Male or Female _____
Last First

Address (if different from above) _____ Zip _____

Home Phone _____ Cell Phone _____

Sibling Information:

Name	Date of Birth	Male/Female	School
_____	_____	_____	_____
_____	_____	_____	_____

Printed Name of Parent/Guardian Signature of Parent/Guardian Date