Paton-Churdan Elementary School
Data for Cumulative Records

Name_____ Boy_____ Girl_____
Last, First Middle

Date of Birth_____ Place of Birth_____ Age_____
Month Day Year

Home Phone Number_____ Home Address_____
(911 if rural, P.O. Box if Town)

Family Physician_____ Church Preference_____

Student SS#_____

Father Living? Yes_____ No_____ Date Deceased _____
Mother Living? Yes_____ No_____ Date Deceased _____
Parents Separated? Yes_____ No_____ Date _____
Parents Divorced? Yes_____ No_____ Date _____
Father Remarried? Yes_____ No_____ Date _____
Mother Remarried? Yes_____ No_____ Date _____
Pupil lives with? _____ Relationship _____
What language is spoken in the home?_____
Father's Name_____ Address_____
Birthdate_____ Birthplace_____ Education_____
Occupation_____ Employer & Address_____
Mother's Name_____ Address_____
Birthdate_____ Birthplace_____ Education_____
Occupation_____ Employer & Address_____
Stepfather
Stepmother_____ Address_____
Guardian
Birthdate_____ Birthplace_____ Education_____
Occupation_____ Employer & Address_____
Brothers: Number Older_____ Younger_____ Sisters: Number Older_____ Younger_____