

Santa Rosa Head Start (Web)
658 South 5th
Santa Rosa NM 88435

SITE

Child Applying: _____
First name Middle name Last name

Please select preferred session
1st Choice (Circle only one) Morning Afternoon Either
2nd Choice (Circle only one) Morning Afternoon Either

FAMILY MEMBER INFORMATION – Starting with Primary Adult, complete the following on ALL family members include the child applying

	Name		Date of Birth	Social Security Number	Sex		Race								Ethnicity		Language Spoken				English Proficiency				Currently Pregnant		Relationship to Child Applying <small>(i.e., mother, father, stepmother, stepfather, stepbrother, stepsister, brother, sister, grandmother, grandfather, aunt, uncle, other relative, no relation, etc.)</small>
	First	Last			Male	Female	American Indian or Alaskan Native	Asian	Black or African American	Unspecified	Native Hawaiian or Other Pacific Islander	White	Multi-racial/Biracial	Hispanic/Latino	Non Hispanic/Latino	1 st	2 nd	English	Spanish	English	Spanish	Proficient	Moderate	Little	None	Yes	
	Joe	Sample	02/02/79	444-22-1234	X											X			X							X	Primary Adult - Father
1																											
2																											
3																											
4																											
5																											
6																											
7																											
8																											

Education: List the highest level of education for each **ADULT** in the household.

	Name of Adult	Highest Level of Education Completed	Date Completed	Currently Enrolled
	Joe Sample	10 th grade	May 25, 1996	Yes <input type="radio"/> No <input checked="" type="radio"/>
1				Yes <input type="radio"/> No <input type="radio"/>
2				Yes <input type="radio"/> No <input type="radio"/>

Is the child applying related to any teachers at this center? If so, who? (List name/s) _____

