

# Household Guardian Form (Additional Household)

## MUKWONAGO AREA SCHOOL DISTRICT

**Parent/Guardian** (Even if student lives 50/50 with legally responsible guardians, one guardian **MUST** be designated as primary)

**Please print**

Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

Address: \_\_\_\_\_  
*City*
*State*
*Zip Code*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Unlisted:  Yes  No Cell/Alt. Phone: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### CHILDREN IN HOUSEHOLD

Student Resides with: (Please check one)

Both Parents  Foster Parents  Mother only  Father only  Mother/Stepfather  Father/Stepmother  Other \_\_\_\_\_

Child's Last Name	First Name	Middle Name	Gender	Birthdate (mm/dd/yyyy)	Parent/Guardian is this child's...	School Attending (if any)
			M or F		<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> BBES <input type="checkbox"/> PVES <input type="checkbox"/> CES <input type="checkbox"/> RHES <input type="checkbox"/> EVES <input type="checkbox"/> SES <input type="checkbox"/> Park View <input type="checkbox"/> Mukwonago HS <input type="checkbox"/> _____

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Both Parents  Foster Parents  Mother only  Father only  Mother/Stepfather  Father/Stepmother  Other \_\_\_\_\_

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\_\_\_\_\_  
*Parent/ Guardian Signature*

\_\_\_\_\_  
*Date*