

Family Information Form

Please complete the entire form front and back

Student Information

| | | |
|--------------|----------------|----------------|
| First Name | Last Name | Grade Entering |
| First Name | Last Name | Grade Entering |
| First Name | Last Name | Grade Entering |
| Home Address | City/State/Zip | Home Phone |

Parent/Guardian Information

PARENT 1 Dr. Mrs. Ms. Mr.

| | | |
|------------------------|----------------|--------------------|
| First Name | Last Name | Home Phone |
| Home Address | City/State/Zip | Cell Phone |
| Employer | | Title |
| Business Address | City/State/Zip | Work Phone |
| Personal Email Address | | Work Email Address |

PARENT 2 Dr. Mrs. Ms. Mr.

| | | |
|------------------------|----------------|--------------------|
| First Name | Last Name | Home Phone |
| Home Address | City/State/Zip | Cell Phone |
| Employer | | Title |
| Business Address | City/State/Zip | Work Phone |
| Personal Email Address | | Work Email Address |

GUARDIAN Dr. Mrs. Ms. Mr.

| | | |
|------------------------|----------------|--------------------|
| First Name | Last Name | Home Phone |
| Home Address | City/State/Zip | Cell Phone |
| Employer | | Title |
| Business Address | City/State/Zip | Work Phone |
| Personal Email Address | | Work Email Address |

Grandparent Information

| | | |
|---------------|----------------|------------|
| First Name(s) | Last Name | Home Phone |
| Home Address | City/State/Zip | |

| | | |
|---------------|----------------|------------|
| First Name(s) | Last Name | Home Phone |
| Home Address | City/State/Zip | |

Emergency Contact Information

| | | |
|------------------------|-----------|------------|
| First Name(s) | Last Name | Home Phone |
| Relation to student(s) | | Cell Phone |

Student/Parent Directory

It is important to provide the school with all the requested information. You can choose what information is published in the Family Directory. Please check the box next to the information you would **NOT** like published in the directory:

DO NOT PUBLISH (please only check the information you do not want to be published in the directory)

- | | |
|--|--|
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Guardian Cell Phone |
| <input type="checkbox"/> Parent 1 Cell Phone | <input type="checkbox"/> Guardian Personal Email |
| <input type="checkbox"/> Parent 1 Personal Email | <input type="checkbox"/> Guardian Work Email |
| <input type="checkbox"/> Parent 2 Cell Phone | |
| <input type="checkbox"/> Parent 2 Personal Email | |

Referring Family

Please list any current EFS parent who referred you to the school. Families who refer new enrollees to Elmwood Franklin receive a \$500 tuition discount for the next year's tuition.

| |
|----------------------|
| First Name/Last Name |
| First Name/Last Name |
| First Name/Last Name |

Please return completed form to: Elmwood Franklin School, 104 New Amsterdam Avenue, Buffalo, NY 14216 • 716-877-5035