



# Family Information Form

2024-2025

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

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Business Address	City/State/Zip	Work Phone
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Personal Email Address	Work Email Address	

**GUARDIAN**  Dr.  Mrs.  Ms.  Mr.

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<hr/>	<hr/>	<hr/>
First Name	Last Name	Home Phone
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Home Address	City/State/Zip	Cell Phone
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<hr/>	<hr/>	
Employer	Title	

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<hr/>	<hr/>	<hr/>
Business Address	City/State/Zip	Work Phone
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Personal Email Address	Work Email Address	

**Grandparent Information**

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<hr/>	<hr/>	<hr/>
First Name(s)	Last Name	Home Phone

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Home Address	City/State/Zip

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<hr/>	<hr/>	<hr/>
First Name(s)	Last Name	Home Phone

<hr/>	<hr/>
Home Address	City/State/Zip

**Emergency Contact Information**

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<hr/>	<hr/>	<hr/>
First Name(s)	Last Name	Home Phone

Relation to student(s)

Cell Phone

## Student/Parent Directory

It is important to supply the school with all information requested. 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**DO NOT PUBLISH (please only check the information you do not want published in the directory)**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 |  |

**Sample Directory Listing:**

**Jones, Alicia – Grade 6**  
Krista and Michael Jones  
956 Main Street, Amherst, NY  
14226  
**Home:** 716-931-7005  
**Krista's Cell:** 917-851-4236  
kjones@smithlaw.com  
**Michael's Cell:** 614-854-8633  
mjones@gmail.com

## 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