Teenage Parent Supplemental Information Form

School Year 20__ - 20__

Please print and fill out completely.

☐ New
☐ Update

A. Teen Parent:

1. Parent Information

SSN: _____

(SSN – Social Security Number is optional)

Student ID: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____

2. Gender (check one) ☐ Male ☐ Female

3. Race (check all that apply) ☐ White ☐ Black or African ☐ American Indian or Alaska Native ☐ Asian ☐ Hawaiian or Other Pacific Islander

4. Ethnicity (check if applicable) ☐ Hispanic or Latino

5. Family Homeless Status ☐ Yes ☐ No Notes:

6. Military Status: ☐ Active Duty ☐ Reserve

7. Primary Language Spoken at Home (check one)
☐ English ☐ Spanish ☐ African languages ☐ Caribbean languages
☐ East Asian languages ☐ European and Slavic languages
☐ Middle Eastern and South Asian languages ☐ Pacific Island languages
☐ Native Central, South American and Mexican languages
☐ Native North American/Alaska Native languages ☐ Unspecified
☐ Other: _____

B. Children Needing Care:

1. Enrollment Dates Start: _____ End: _____

2. Child Information _____

SSN (optional): Student ID: _____

First and Last Name: _____

Date of Birth: _____

3. Gender (check one)

☐ Male ☐ Female

4. Race (check all that apply)

☐ White ☐ Black or African ☐ American Indian or Alaska Native
☐ Asian ☐ Hawaiian or Other Pacific Islander

5. Ethnicity (check if applicable) ☐ Hispanic or Latino

6. Does child have a disability? ☐ Yes ☐ No Notes: _____

7. Family Homeless Status ☐ Yes ☐ No Notes: _____

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1. Enrollment Dates Start: _____ End: _____

2. Child Information _____

SSN (optional): Student ID: _____

First and Last Name: _____

Date of Birth: _____

3. Gender (check one)

☐ Male ☐ Female

4. Race (check all that apply)

☐ White ☐ Black or African ☐ American Indian or Alaska Native
☐ Asian ☐ Hawaiian or Other Pacific Islander

5. Ethnicity (check if applicable) ☐ Hispanic or Latino

6. Does child have a disability? ☐ Yes ☐ No Notes: _____

7. Family Homeless Status ☐ Yes ☐ No Notes: _____

C. Child Care Provider

1. Provider Information

Name: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____

2. Information Provided By:

Name: _____

(School District Personnel)

Contact Phone: _____

Date: _____

Submit this form to the local Coalition or designee for entry into the SSIS prior to date identified.