

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: _____

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.