

SCHOLARS WITH DIVERSE ABILITIES PROGRAM
FAMILY INFORMATION

Student:

Last Name _____ First Name _____ MI _____
Date of Birth _____
Home Phone _____ Cell Phone _____
Address _____
City _____ State _____ Zip Code _____
Email address _____

Student receives support or services from: (please check those that apply)

____ Supplemental Security Income
____ Division of Developmental Disabilities
____ Medical Assistance
____ Social Security Disability Insurance
____ Division of Vocational Rehabilitation
____ Special Education Services (IDEA funding)
____ Other (explain) _____

Student lives with:

____ Both parents ____ Mother ____ Father ____ Guardian(s) ____ Other

Mother/Guardian:

Last Name _____ First Name _____ MI _____
Home Phone _____ Cell Phone _____
Address _____ City _____
____ State _____ Zip Code _____ Employer _____
____ Work Phone _____
Email address _____

Father/Guardian :

Last Name _____ First Name _____ MI _____
Home Phone _____ Cell Phone _____
Address _____ City _____
____ State _____ Zip Code _____ Employer _____
____ Work Phone _____
Email address _____

Siblings:

Names and Ages:
