

**RIDGECROFT SCHOOL  
INFORMATION FOR CUMULATIVE RECORDS**

*Please fill in the following information:*

**CHILD'S FULL NAME:**

\_\_\_\_\_

	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>NICKNAME</b>
<b>PLACE OF BIRTH:</b>	_____			
	<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	
<b>DATE OF BIRTH:</b>	_____		<b>RACE*</b>	<b>SOCIAL SECURITY*</b>
<b>PRESENT ADDRESS:</b>	_____			

**HOME TELEPHONE:** \_\_\_\_\_

**FAMILY DATA**

	<b>FATHER</b>	<b>MOTHER</b>
<b>NAME</b>		
<b>PLACE OF BIRTH</b>		
<b>LAST GRADE IN SCHOOL</b>		
<b>CHURCH (optional)</b>		
<b>OCCUPATION</b>		
<b>BUSINESS TELEPHONE</b>		
<b>MARITAL STATUS</b>		
<b>LIVING OR DEAD</b>		
<b>DATE OF DEATH</b>		

**CHILDREN IN FAMILY**

	<b>OLDER CHILDREN</b>	<b>YOUNDER CHILDREN</b>
<b>TOTAL</b>		
<b>BOYS</b>	<b>BOYS</b>	<b>BOYS</b>
<b>GIRLS</b>	<b>GIRLS</b>	<b>GIRLS</b>
<b>OTHERS IN HOME</b>	<b>OTHERS IN HOME</b>	<b>OTHERS IN HOME</b>

**FAMILY PHYSICIANS:**

\_\_\_\_\_

**FAMILY DENTIST:** \_\_\_\_\_