



DUBLIN SCHOOLS

DUBLIN UNIFIED SCHOOL DISTRICT

7471 Larkdale Avenue, Dublin, CA 94568-1599 ♦ 925-828-2551 ♦ FAX 925-829-6532

SECONDARY HOUSEHOLD FORM

Student's Legal Name: _____

Primary Household		
<input type="checkbox"/> Check if Joint Custody		
Physical Address of Primary Household	Number _____ Street _____ Apt/Lot _____	
	City _____ State _____ Zip _____	
Mailing Address (if different)	Number _____ Street _____ Apt/Lot _____	
	City _____ State _____ Zip _____	
Home Phone () _____	<input type="checkbox"/> Check if unlisted	
Secondary Household - Parent/Guardian (This will generally be a parent who does NOT live in the Primary Household with the students)		
Name	First _____ Middle _____ Last _____ Relation to student _____	
Employer	_____ Work Phone () _____	
Cell Phone () _____	Email Address _____	
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Legal Guardian	
<input type="checkbox"/> Stepparent	<input type="checkbox"/> Foster Parent	
<input type="checkbox"/> Other (specify) _____		
Parent Education Level:		
<input type="checkbox"/> College Grad/Bachelors	<input type="checkbox"/> Some College includes AA	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Post Graduate/Grad School	<input type="checkbox"/> Declines to state or unknown	<input type="checkbox"/> Not High School Graduate
Secondary Household – Parent/Guardian (This will generally be the individual living with a parent in a Secondary Household)		
Name	First _____ Middle _____ Last _____ Relation to student _____	
Employer	_____ Work Phone () _____	
Cell Phone () _____	Email Address _____	
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Legal Guardian	
<input type="checkbox"/> Stepparent	<input type="checkbox"/> Foster Parent	
<input type="checkbox"/> Other (specify) _____		
Parent Education Level:		
<input type="checkbox"/> College Grad/Bachelors	<input type="checkbox"/> Some College includes AA	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Post Graduate/Grad School	<input type="checkbox"/> Declines to state or unknown	<input type="checkbox"/> Not High School Graduate

I verify all the above to be true and accurate

Parent/Guardian Signature

Print Name

Date