

2019-2020 Supplemental Child School Info

Child Name _____

ID/Case# _____

Date _____

SUPPLEMENTAL HOUSEHOLD INFORMATION

ETO Data Entry Instructions: Families Program > Record NEW TouchPoint > Adult Information TouchPoint

School Name _____		
School Address _____		
City _____	State _____	Zip _____
School Phone _____		Child's Student ID _____
School Fax _____		Child's Grade
Principal/Director Name _____		<input type="radio"/> 1 st Grade (1)
Principal/Director Email _____		<input type="radio"/> Kindergarten (K)
Teacher Name _____		<input type="radio"/> Prekindergarten (PK)