

# KIDDO CARD

## INFORMATION WORKSHEET

### PLEASE PRINT

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Home Phone Number: Area Code (      ) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TX Zip Code: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

Circle One

Hair Color:    Black    Brown    Blonde    Red

Eye Color:    Brown    Black    Blue    Green    Gray    Hazel

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Weight: \_\_\_\_\_ lbs.

School: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Please print your name

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Attn: Kiddo Card Program  
Lampasas Police Department  
301 East Third Street  
Lampasas, Texas 76550  
[police@cityoflampasas.com](mailto:police@cityoflampasas.com)**

**(512) 556-6235 (Non-Emergency Number)**

**(512) 556-2838 (Fax)**