

STUDENT INFORMATION

TO BE COMPLETED BY PARENT ONLY (IN INK PLEASE)

LAST NAME: _____
 FIRST NAME: _____
 BIRTH DATE: _____

HOMEROOM _____
 TEACHER _____
 LOCKER# _____

STUDENT'S ADDRESS: _____

STUDENT'S HOME PHONE: _____ STUDENT'S CELL PHONE: _____

SIBLINGS: (name, age, living at home?)

PARENT/GUARDIAN INFORMATION:

MOTHER'S NAME: _____

ADDRESSES	PHONE NUMBERS
HOME:	HOME:
E-MAIL:	WORK:
PLACE OF EMPLOYMENT:	CELL:

FATHER'S NAME: _____

ADDRESSES	PHONE NUMBERS
HOME:	HOME:
E-MAIL:	WORK:
PLACE OF EMPLOYMENT:	CELL:

STEP-PARENT/GUARDIAN NAME: _____

ADDRESSES	PHONE NUMBERS
HOME:	HOME:
E-MAIL:	WORK:
PLACE OF EMPLOYMENT:	CELL:

OTHER PERTINENT INFORMATION (bi-custodial issues, medical issues, etc.) _____

Parent's/Guardian's Signature: _____