

STUDENT INFORMATION 2010-2011

Student Name: _____

Date of Birth: _____ Social Security #: _____
month day year - -

Student Email: _____ Student's Cell #: _____

Resides with: _____

Parent with legal custody, if applicable: _____

Please be aware that Contact 1 AND 2 will receive ALL student correspondence.

Contact One (parent(s) or guardian):

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Fax: _____

Business Phone: _____ Cell Phone: _____ Business FAX: _____

Home Email: _____

Contact Two (parent/guardian) if information is different from that above:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Fax: _____

Business Phone: _____ Cell Phone: _____ Business FAX: _____

Home Email: _____

Emergency Contact: *In the event that we cannot reach you, please provide us with the name and number of a relative or friend who should be contacted in the event of an emergency.*

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Address: _____

Bills should be sent to (check one): Contact One Contact Two Other –list below

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____ Email: _____

Address: _____

Please complete the reverse ►

Grandparent Information

Paternal Grandparents:

Name: _____

Address: _____

Home Phone: _____ Fax: _____

Business Phone: _____ Cell Phone: _____

Home Email: _____

Maternal Grandparents:

Name: _____

Address: _____

Home Phone: _____ Fax: _____

Business Phone: _____ Cell Phone: _____

Home Email: _____
