

Please Provide the following information for the school office:

Full Legal name of student:

_____ DOB: _____
Last First Middle

Special Instructions reference transportation: _____

Residence Address: _____
Street City State Zip

Mailing Address: _____
Street/P.O. Box City State Zip

Home Phone: _____ Alternate Home Phone: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Mother's Email: _____

Father's Email: _____

Guardian Work Phone: _____ Guardian Cell Phone: _____

Guardian Email: _____

Mother's First and Last Name: _____

Father's First and Last Name: _____

Guardian First and Last Name: _____

Child Lives With and The Relationship to the Child: _____

Last Name of Siblings if Different: _____

Babysitter's Name (if applicable): _____

Babysitters Address: _____ Phone: _____

Name and phone numbers of relative or friends who will assume responsibility in case of illness or accident when parents cannot be reached:

