

EMERGENCY CONTACT INFORMATION

STUDENT INFORMATION

Student Last Name _____ First Name _____ M.I. _____

Address _____

City, State, Zip _____ Phone _____

Grade _____ Gender M F Date of Birth _____ Place of Birth _____

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PARENT/GUARDIAN INFORMATION

* **Father's Last Name** _____ **First Name** _____

Address (if different from above) _____

City, State, Zip _____ Phone _____

Father's Occupation _____ Name of Employer _____

Work Phone _____ Cell Phone/Page # _____

* **Mother's Last Name** _____ **First Name** _____

Address (if different from above) _____

City, State, Zip _____ Phone _____

Mother's Occupation _____ Name of Employer _____

Work Phone _____ Cell Phone/Page # _____

* **Step-parent/Guardian's Last Name** _____ **First Name** _____

Address (if different from above) _____

City, State, Zip _____ Phone _____

Step-parent/Guardian's Occupation _____

Name of Employer _____ Work Phone _____

EMERGENCY CONTACTS:

Name	Daytime Phone	Relationship to Student
_____	_____	_____
_____	_____	_____

Name of Doctor and Clinic _____ Phone _____