



Student: _____

Student #: _____

Mailing Address: _____

Birthdate: _____ Gender: _____

911 Address: _____

Home Phone: _____

Student Cell Phone: _____

Student's legal parents' marital status:	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>
Custody Order of File:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Mother Information

Name: _____

Legal Guardian: Yes No

Address: _____

Resides with: Yes No

City,State,Zip: _____

Employer: _____

Mother Email: _____

Telephone: Home: _____

Work: _____

Cell: _____

Father Information

Name: _____

Legal Guardian: Yes No

Address: _____

Resides with: Yes No

City,State,Zip: _____

Employer: _____

Father Email: _____

Telephone: Home: _____

Work: _____

Cell: _____

Guardian #1 Information

Name: _____

Relationship: _____

Address: _____

Legal Guardian: Yes No

City,State,Zip: _____

Resides with: Yes No

Employer: _____

Guardian #1 Email: _____

Telephone: Home: _____

Work: _____

Cell: _____

Guardian #2 Information

Name: _____

Relationship: _____

Address: _____

Legal Guardian: Yes No

City,State,Zip: _____

Resides with: Yes No

Employer: _____

Guardian #2 Email: _____

Telephone: Home: _____

Work: _____

Cell: _____

Guardian #3 Information

Name: _____

Relationship: _____

Address: _____

Legal Guardian: Yes No

City,State,Zip: _____

Resides with: Yes No

Employer: _____

Guardian #3 Email: _____

Telephone: Home: _____

Work: _____

Cell: _____

Emergency/Medical Contact Information - These are contacts in case Parents can not be reached.

Contact #1: _____ Relationship: _____

(Home) _____ (Work) _____ (Cell) _____

Contact #2: _____ Relationship: _____

(Home) _____ (Work) _____ (Cell) _____

Contact #3: _____ Relationship: _____

(Home) _____ (Work) _____ (Cell) _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Special Medical Considerations:

Allergies: