

Parent/Guardian's Marital Status: Single Married Divorced Separated
Widow Widower Civil Union

Comment: _____

GUARDIAN 1:

Parent/Guardian Name: _____
(First) (Middle) (Last)

Relationship to child: Mother Father Other: _____

Mailing Address: _____
(If different from the student's address)

Cell Phone Number: _____ **Work Phone Number:** _____

Email Address (*must provide for student software purposes*): _____

GUARDIAN 2:

Parent/Guardian Name: _____
(First) (Middle) (Last)

Relationship to child: Mother Father Other: _____

Mailing Address: _____
(If different from the student's address)

Cell Phone Number: _____ **Work Phone Number:** _____

Email Address (*must provide for student software purposes*): _____

EMERGENCY CONTACT (*must be different from guardians*):

Name: Mr./Mrs./Ms. _____

Relationship: _____ **Preferred Phone Number:** _____

SIBLING INFORMATION:

Name: _____ **Birth Date:** _____ **School:** _____ **Grade:** _____

Name: _____ **Birth Date:** _____ **School:** _____ **Grade:** _____

PHYSICIAN INFORMATION:

Name: Dr. _____ **Phone Number:** _____

Print Parent/Guardian's Name

Signature Parent/Guardian

Date Completed

Date Received by Office (office use only)