

## Student Information Form

**Student's Name** \_\_\_\_\_

Permanent Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Student's Email \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_ **Email** \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_

**Mother/Guardian's Name** \_\_\_\_\_ **Email** \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_

**Contact**

Who does the student primarily live with? (Please Circle)

Both Parents    Father    Mother    Equal Time    Other: \_\_\_\_\_

In the event that a parent cannot be reached, please provide at least one emergency contact.

**Emergency Contact #1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_