

| Please Print Student Contact Information | | | | | | |
|---|------------------------|---|--|--|--|--|
| Student's Name (Last) (Generation) | (First Name) | (Middle Name) (Nickname) Gender | | | | |
| Student's Address (City) | (State) | (Zip) Student's Home Phone Date of Birth | | | | |
| Race/Ethnicity (Optional) | | | | | | |
| ☐ Hispanic or Latino ☐ American Indian/Alaskan | ☐ Asian | ☐ Black ☐ Pacific Islander/Hawaiian ☐ White | | | | |
| Primary Parent/Caregiver Information | | | | | | |
| Relationship to Child 1 ☐ Mother ☐ Father ☐ Grandmother | Grandfather | Other (be specific) | | | | |
| Name (First) (Last) | | (1)Home Phone (2)Work Phone (1) (2) (3) | | | | |
| Address | | (3)Cell Phone Check Preferred Phone Number Does the student live at this address? Yes No | | | | |
| e-mail address (please print clearly) | Does | Does mail go to this address? | | | | |
| Please list any comments you would like us to note | | | | | | |
| Primary Parent/Caregivers Information Relationship to Child 2 | ☐ Grandfather | Other (be specific) | | | | |
| Name (First) (Last) | | (1)Home Phone (2)Work Phone (1) (2) (3) | | | | |
| Address | | (3)Cell Phone Check Preferred Phone Number | | | | |
| | | Does the student live at this address? | | | | |
| e-mail address (please print clearly) | Does | Does mail go to this address? ☐ Yes ☐ No sthis contact have permission to pick up the student? ☐ Yes ☐ No | | | | |
| | | Are you a PRIMARY Emergency Medical Contact? | | | | |
| Please list any comments you would like us to note | | | | | | |
| Emergency Contact – in the event the Primary Parer 3 | nts / Caregivers are ເ | unable to be reached | | | | |
| Relationship to Student : | - | | | | | |
| Name (First) (Last) | | (1)Home Phone (2)Work Phone | | | | |
| Address | | (3)Cell Phone Light (1) Light (2) Light (3) Check Preferred Phone Number | | | | |
| e-mail address (please print clearly) | Does | s this contact have permission to pick up the student? | | | | |
| Please list any comments you would like us to note | | See reverse side | | | | |



| E | mergency Contact – in the even | the Primary Parents / Caregivers are ur | able to be reached | | |
|---|--|---|---|--|--|
| 4 | | | | | |
| | Relationship to Student : | | | | |
| _ | | | | | |
| | Name (First) | (Last) | (1)Home Phone | (2)Work Phone | |
| _ | | | | ☐ (1) ☐ (2) ☐ (3) | |
| | Address | | (3)Cell Phone | Check Preferred Phone Number | |
| Does this contact have permission to pick up the student? | | | | | |
| e-mail address (please print clearly) | | | Is this a medical contact? \square Yes \square No | | |
| _ | | | | | |
| | Please list any comments you would | like us to note | | | |
| | | | | | |
| | | | | | |
| E | mergency Contact – in the even | the Primary Parents / Caregivers are un | nable to be reached | | |
| | mergency Contact – in the even | the Primary Parents / Caregivers are ur | able to be reached | | |
| 5 | | | able to be reached | | |
| | mergency Contact – in the even | | able to be reached | | |
| | | | (1)Home Phone | (2)Work Phone | |
| | Relationship to Student : | | | <u> </u> | |
| | Relationship to Student : | | | (2)Work Phone (1) (2) (3) Check Preferred Phone Number | |
| | Relationship to Student : Name (First) | (Last) | (1)Home Phone (3)Cell Phone | (1) (2) (3) Check Preferred Phone Number | |
| | Relationship to Student : Name (First) | (Last) | (1)Home Phone (3)Cell Phone his contact have permission to pick u | (1) (2) (3) Check Preferred Phone Number p the student? Yes No | |
| | Relationship to Student : Name (First) Address | (Last) | (1)Home Phone (3)Cell Phone his contact have permission to pick u | (1) (2) (3) Check Preferred Phone Number | |
| | Relationship to Student : Name (First) Address | (Last) Does the | (1)Home Phone (3)Cell Phone his contact have permission to pick u | (1) (2) (3) Check Preferred Phone Number p the student? Yes No | |