

Student Demographic Information

Please fill in all information so we can update our records.

Student Name: _____
Last First Middle

Physical Address: _____
Street City Zip Code

Mailing Address: _____
(If different from physical) *Street City Zip Code*

Home Phone Number: _____

Father's Name _____ Father's phone number _____
last first *Does this number receive text? Yes No*

Father's Email: _____

Mother's Name _____ Mother's phone number _____
last first *Does this number receive text? Yes No*

Mother's Email: _____

Who does the student live with? _____

Guardian's Name _____ Guardian's phone number _____
(if not parent) *last first* *Does this number receive text? Yes No*

Guardian's Email: _____

Emergency Contact

Please provide the name and number of someone to contact in case the parents/guardian cannot be reached.

Name _____ Phone number _____
last first *Does this number receive text? Yes No*