

CONTACT INFORMATION

Please list three. Please note if you are the enrolling parent/guardian a copy of your driver's license is required

Relationship to student: (Check one)

Legal Father Legal Mother Legal Stepfather Legal Stepmother Other, Specify: _____

Enrolling Person: Yes No Guardian: Yes No Emergency: Yes No Right to Transport: Yes No

Name: _____ Date of Birth: _____
First Middle Last Mo/Day/Yr.

Home Phone #: _____

Cell Phone #: _____ Business Phone#: _____

Address: _____
Street Name or PO Box City State Zip

Employed By: _____ Driver's License #: _____ State: _____

Contact E-Mail Address: _____

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