



# CONTACT INFORMATION

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

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: \_\_\_\_\_

Relationship to student: (Check one)

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

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Cell Phone #: \_\_\_\_\_ Business Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Name or PO Box City State Zip

Employed By: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_