

**GLENBROOK OFF-CAMPUS  
STUDENT/PARENT INFORMATION SHEET**

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S ID NUMBER: \_\_\_\_\_

STUDENT'S HOME ADDRESS: \_\_\_\_\_  
(Include city and zip code)

STUDENT'S DATE OF BIRTH: \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_

PARENT'S/GUARDIAN'S HOME ADDRESS: \_\_\_\_\_  
(Include city and zip code)

STUDENT'S HOME PHONE NUMBER: \_\_\_\_\_

STUDENT'S CELL PHONE NUMBER: \_\_\_\_\_

STUDENT'S E-MAIL ADDRESS: \_\_\_\_\_

PARENT'S/GUARDIAN'S HOME PHONE NUMBER: \_\_\_\_\_

PARENT'S CELL PHONE NUMBER: \_\_\_\_\_

PARENT'S WORK PHONE NUMBER: \_\_\_\_\_

PARENT'S E-MAIL ADDRESS: \_\_\_\_\_

ADDITIONAL INFORMATION THAT MAY BE VALUABLE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PUT AN "X" IN THE LEFT HAND MARGIN NEXT TO THE NUMBER THAT IS BEST TO REACH YOU  
IN CASE OF AN EMERGENCY!**

Please return this to Mrs. Koch as soon as possible. You may send it via fax to 847-486-5701; in person; or by mail to Glenbrook Off-Campus High School, Attention: Mrs. Koch, 1247 Waukegan Road, Glenview, IL 60025.