

Intent to Register Form

Student Name: Last First Middle Nickname Gender Grade in Sept.

Home Address: Street City Zip Home Phone

Date of Birth (Month/Day/Year) Birth Place: City and State/Country if other than USA

Child resides with: Both Parents Parent #1 Parent #2 Step Parent(s) _____ Foster Parent(s) _____
 If there are specific custody, guardianship, or living arrangements that we should be aware of in case of emergency, please explain:

Parent/Guardian Information:

Parent #1 / Guardian: Last First

Address (if different than above): Street City State Zip

Work Phone Cell Phone Email

Parent #2 / Guardian: Last First

Address (if different than above): Street City State Zip

Work Phone Cell Phone Email

Last School Attended Address City State Zip Phone Number

Student Emergency Contact Information

Emergency Contact Information: In the event of injury or illness, unless otherwise specified the parents will be contacted first.

1. Contact (1) First and Last Name Relationship to Student Home Phone Cell Phone
2. Contact (2) First and Last Name Relationship to Student Home Phone Cell Phone
3. Contact (3) First and Last Name Relationship to Student Home Phone Cell Phone

I agree to share the my contact information (address, phone number, and email) with the PV PTO:

YES NO

I agree to share my contact (address, phone number, and email) information with PVSF:

YES NO