

Student Name _____
 Last First Middle
 Grade _____ Gender: Male / Female Birthdate (Month/Day/year) _____ Student Cell Phone # _____

Student's PHYSICAL Address				
Street Only	City	Zip Code	County of Residence	

For information below, e-mail address is Required, if available

Contact 4 - _____ Relationship _____ Home Phone # _____ (☐) Check if Unlisted
 Cell Phone # _____ E-Mail Address _____
 Address w/PO Box _____
 Employer _____ Work Phone # _____
 Can you be called at work? YES _____ NO _____

Without such documentation we cannot restrict parental visitations or access to student records.

FAX #:

Revised 7/21/25