

Family Name: Home Phone:

Address (Street, City, State, Zip):

Father's Name: Employment:
 Work Phone: Cell Phone:

Mother's Name: Employment:
 Work Phone: Cell Phone:

In case of an emergency and neither parent can be contacted, one of the following is to be contacted:

1: Name Relationship:

Address: Phone:

2: Family Doctor: Phone:

3: Emergency Hospital: Phone:

Parent/Guardian Signature:

Student Enrolling (Birth Name and Middle Name)	Preferred Name	Date of Birth	Grade Level

Please notify the school office immediately if any of the above information changes. Thank You.