



Student Information and Emergency Contact Form

2016-2017 School Year

Please Print Clearly. If information changes after school begins, call the main office.

Student Information Grade: 7 8 9 10 11 12

Student Name : _____

Street Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Date of Birth: ____/____/____ Gender : Male Female

Student lives with: Both Parents Mother Father Guardian(s) Other: _____

Please list all siblings:

Name: _____ Age: ____ School: _____ Name: _____ Age: ____ School: _____

Name: _____ Age: ____ School: _____ Name: _____ Age: ____ School: _____

Name: _____ Age: ____ School: _____ Name: _____ Age: ____ School: _____

PARENT INFORMATION

Mother/Guardian : _____

Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Father/Guardian : _____

Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACTS

1. Name: _____ Relationship to student : _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2. Name: _____ Relationship to student : _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____