

**Student's Information**

Student's Name: _____		
Last	First	Middle
Preferred Name: _____		Grade Level: _____
Date of Birth: _____	Gender: _____	
Race: _____		Church Affiliation: _____
E-Mail Address: _____		

**Primary Family Information**

Address Line 1: _____			
Address Line 2: _____			
_____	_____	_____	_____
City	State	ZIP Code	County
Home Phone 1: _____	<input type="checkbox"/> Listed	Phone 2: _____	<input type="checkbox"/> Listed

**Father's Information**

Father's Name: _____		
Last	First	Middle
Preferred Name: _____	Title: _____	Marital Status: _____
Mobile Phone: _____	Church: _____	Home E-Mail _____
Company Name: _____	Job Title: _____	
Business Phone 1: _____	Ext. _____	Emergency Contact: <input type="checkbox"/> Tag _____
Phone 2: _____	Ext. _____	Allowed to pick up child: <input type="checkbox"/> License _____
Business E-Mail: _____		

**Mother's Information**

Mother's Name: _____		
Last	First	Middle
Preferred Name: _____	Title: _____	Marital Status: _____
Mobile Phone: _____	Church: _____	Home E-Mail _____
Company Name: _____	Job Title: _____	
Business Phone 1: _____	Ext. _____	Emergency Contact: <input type="checkbox"/> Tag _____
Phone 2: _____	Ext. _____	Allowed to pick up child: <input type="checkbox"/> License _____
Business E-Mail: _____		

### 1) Emergency Contacts and Pickup Information

#### Emergency Contacts (Emergency Contacts other than Parents)

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Allowed to pick up child:  
DL#: \_\_\_\_\_ Tag: \_\_\_\_\_

Notes: \_\_\_\_\_

### 2) Emergency Contacts and Pickup Information

#### Emergency Contacts (Emergency Contacts other than Parents)

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Allowed to pick up child:  
DL#: \_\_\_\_\_ Tag: \_\_\_\_\_

Notes: \_\_\_\_\_

### 3) Emergency Contacts and Pickup Information

#### Emergency Contacts (Emergency Contacts other than Parents)

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Allowed to pick up child:  
DL#: \_\_\_\_\_ Tag: \_\_\_\_\_

Notes: \_\_\_\_\_

#### Medical Contacts

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_