School Term: OTBCC

Student's Inform	iation				
Student's Name:	Las			M: Lu	0 (5
Preferred Name:		-	First	Middle Grade Level:	
Date of Birth:		Gender:	5	SSN:	
Race:				Church Affiliation:	
E-Mail Address:					
Primary Family I	nformation				
Address Line 1:					
Address Line 2:					
	City	State	ZIPCode	County	
Home Phone 1:		Listed	Home Phone 2:		Listed
Father's Informa	tion				
Father's Name:	Last		First	Middle	Suffix
Preferred Name:			1. 11 (2.2)	:	
Mobile Phone:		Pager:		F	au Cantasti 🗖
Company Name:		Job Title:			cy Contact:  ck up child:
Business Phone 1:		Ext	Business Phone 2:		Ext
Business E-Mail:			Fa	ax:	
Church Affiliation:					
Mother's Informa	ation				
Mother's Name:	Las		First	Middle	Suffix
Preferred Name:				:	
Mobile Phone:					
Company Name:		Job Title:			icy Contact:  ick up child:
Business Phone 1:	-	Ext	Business Phone 2:		Ext
Business E-Mail:			Fa	ax:	
Church Affiliation:					

Secondary Family Inforn	nation			
Address Line 1:				
Address Line 2:		VII. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
City	State	ZIPCode	County	<del>,</del>
Home Phone 1:	Listed	Home Phone 2:		Listed
Father's Information			************	
Father's Name:	11	F'1	N 4: -1 -11 -	0.5
Preferred Name:	Last Title:	First E-Mail Address:	Middle	Suffix
Mobile Phone:	Pager:		Emorgo	ency Contact:
Company Name:	Job Title:		•	oick up child:
Business Phone 1:	Ext	Business Phone 2:		Ext
Business E-Mail:		Fax:	<u> </u>	
Church Affiliation:				
Mother's Information				
Mother's Name:			NA: 1 11	0.65
Preferred Name:	Last Title:	First E-Mail Address:	Middle	Suffix
Mobile Phone:	Pager:			
Company Name:	Job Title:		•	ency Contact: pick up child:
Business Phone 1:	Ext	Business Phone 2: _		Ext
Business E-Mail:		Fax:		
Church Affiliation:		_		

Emergency Contacts (Emergency 0	Contacts other than Parents)	
Contact Name:		Relation:
Home Phone:	Business Phone:	Mobile Phone:
Contact Name:		Relation:
Home Phone:	Business Phone:	Mobile Phone:
Contact Name:		Relation:
Home Phone:	Business Phone:	Mobile Phone:
Medical Contacts		
Physician:	Phone Number:	
Dentist:	Phone Number:	
Hospital:	Phone Number:	
Insurance:	Phone Number:	
Policy Number:		
Pickup Information (People Au	athorized to pickup children from sc	hool)
	Phone:	
Tag:	-	
Notes:		
Name:	Phone:	DL#:
Tag:	-	
Notes:		
-		
Name:	Phone:	DL#:
Tag:		
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Notes:		