

PARENT(S) / GUARDIAN INFORMATION

STUDENT NAME:

Mother		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		

Father		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other:				
Last Name		First Name					
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		
Social Worker (If Applicable):							

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other:				
Last Name		First Name					
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		
Social Worker (If Applicable):							

EMERGENCY CONTACT INFORMATION

Name	Relationship	Name	Relationship
Telephone		Telephone	
Address		Address	
Email		Email	

PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS

Name	Grade	Date of Birth	Gender	Relationship To Student

I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge.

Date: _____ Parent/Legal Guardian/Independent Student : _____
Signature

Date:	Information Verified By:
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