



Student(s): \_\_\_\_\_

### Parent Info

Mother's name: \_\_\_\_\_

Home or cell phone: \_\_\_\_\_ work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Best method of contact during the day? (email, cell, etc.) \_\_\_\_\_

Father's name: \_\_\_\_\_

Home or cell phone: \_\_\_\_\_ work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Best method of contact during the day? (email, cell, etc.) \_\_\_\_\_

### Emergency contact (other than parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home or cell phone: \_\_\_\_\_ work phone: \_\_\_\_\_

### How does your child get home everyday?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_