



**CONTACT INFORMATION**

**Please list three. Please note if you are the enrolling parent/guardian a copy of your driver's license is required**  
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**Legal Relationship to student:** Check one

Legal Father	Legal Mother	Legal Stepfather	Legal Stepmother	Other, Specify
Enrolling Person		Guardian	Emergency	Migrant
	Yes No		Yes No	Yes No

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
                    F irst                      M idd le                      L ast                      M o/D a y/Y r.

**Home Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Other Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
                    Street Name or P O Box                      City                      State                      Zip

**Employed By:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Contact E-Mail Address:** \_\_\_\_\_

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**Legal Relationship to student:** Check one

Legal Father	Legal Mother	Legal Stepfather	Legal Stepmother	Other, Specify
Enrolling Person		Guardian	Emergency	Migrant
	Yes No		Yes No	Yes No

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                    F irst                      M idd le                      L ast                      M o/D a y/Y r.

**Home Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Other Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
                    Street Name or P O Box                      City                      State                      Zip

**Employed By:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Contact E-Mail Address:** \_\_\_\_\_

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                    F irst                      M idd le                      L ast                      M o/D a y/Y r.

**Home Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Other Phone #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_  
                    Street Name or P O Box                      City                      State                      Zip

**Employed By:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Contact E-Mail Address:** \_\_\_\_\_