

Parent / Guardian Contact Information Form

Please fill out this form in block letters. This information will be used for official communications and in case of emergencies.

Student Information

Student's Full Name:

Grade/Class:

Date of Birth:

Primary Parent / Guardian Contact

Full Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

Email Address:

Home Address:

Secondary Parent / Guardian Contact

Full Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

Email Address:

Home Address (if different):

Alternative Emergency Contact (Authorized to pick up student)

Full Name:

Relationship to Student:

Primary Phone:

Signature for Verification

By signing below, you confirm that the information provided is accurate and up to date.

Parent/Guardian Printed Name:

Date:

Signature: