

STUDENT PROFILE	
Student Name: _____	Sex: _____ Ethnicity: _____
Student Lives With: _____	Birthdate: _____
Address: _____	Home Phone: _____
City & Zip: _____	Legal Guardian: _____
School District: _____	Special Ed Coop: _____

GUARDIAN/FAMILY INFORMATION	
Mother's Name: _____	Home Phone: _____
Address (if different than student's): _____	Cell Phone: _____
City & Zip: _____	
Mother's Employer: _____	Work Phone: _____
Receive Mailings? Yes No	Marital Status: _____
Father's Name: _____	Home Phone: _____
Address (if different than student's) _____	Cell Phone: _____
City & Zip _____	
Father's Employer: _____	Work Phone: _____
Receive Mailings? Yes No	Marital Status: _____
Others in the Home: _____	Relationship: _____ Age: _____
_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY INFORMATION: Please provide names of people we can notify when you are not available.		
Name: _____	Relationship: _____	Phone: _____
_____	_____	_____
_____	_____	_____
Is there anyone to whom the child should not be released?		

Preferred Hospital: _____		
Family Physician/Pediatrician: _____	Phone: _____	

Parent Signature: _____ Date: _____
 Parent Signature: _____ Date: _____