

FAMILY DEMOGRAPHIC INFORMATION

~For returning students only~

Date: _____

Student Name: _____ Grade: _____

Please print

Parent/Guardian Name: _____

Please Print

Please choose one

No Changes Necessary: _____

Please Make the Following Changes: _____

CHANGE OF INFORMATION

New Address: _____

Phone Number: Cell: _____ Home: _____

Emergency contact information

Name: _____

Relationship to student: _____

Phone Number: _____

Authorized Pick-Up

Name: _____

Phone Number: _____

Signature of Parent/Guardian: _____

Phone Number of Parent/Guardian _____

If additional space is needed please use other side of form

Please print out this form and return it to the Counseling Office on registration day