



Date: _____

Student Name: _____

Legal Guardian Name(s), Relationship, and Profession/Military: _____

Mailing Address: _____

E-mail(s): _____

Legal Guardian Phone Number (cell/texting ok-Yes or No): _____

Legal Guardian Phone Number (cell/texting ok-Yes or No): _____

Additional Phone Number (home): _____

Additional Phone Number(s) (business): _____

Additional Phone Number(s) (other): _____

1st Emergency Contact (other than legal guardian) Name and Relationship: _____

1st Emergency Contact Phone Number (cell/texting ok-Yes or No): _____

1st Emergency Contact Additional Phone Number (home): _____

1st Emergency Contact Additional Phone Number(s) (business): _____

1st Emergency Contact Additional Phone Number(s) (other): _____

2nd Emergency Contact (other than legal guardian) Name and Relationship: _____

2nd Emergency Contact Phone Number (cell/texting ok-Yes or No): _____

2nd Emergency Contact Additional Phone Number (home): _____

2nd Emergency Contact Additional Phone Number(s) (business): _____

2nd Emergency Contact Additional Phone Number(s) (other): _____

Allergies: _____

Additional Comments: _____
