



Family Information

Please complete form in its entirety and return to Chris Chaffinch or Cathy Tiner as soon as possible.

Student's full legal name _____

S. Birth date _____ County of Residence _____

S. Home Phone _____ S. email address _____

S. Cell Phone _____ Cell Phone Carrier _____

Father's full legal name _____

F. Birth date _____ County of Residence _____

F. Home address _____

F. Home Phone _____ F. email address _____

F. Cell Phone _____ Cell Phone Carrier _____

Employer _____ Work Phone _____

Mother's full legal name _____

M. Birth date _____ County of Residence _____

M. Home address _____

M. Home Phone _____ M. email address _____

M. Cell Phone _____ Cell Phone Carrier _____

Employer _____ Work Phone _____

Parents' status: Married _____ Divorced _____ Separated _____ Single _____

Which parent does student live with? Both ___ Mother ___ Father ___

Which phone number will be primary number? _____

If remarried, please enter same information for step-parent on back of this form.

Allergies: _____

Physician: _____