

# Family Information

Please complete form in its entirety and return to Becky Harrison 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: \_\_\_\_\_