

Confidential Student Information Form

Full Name: _____ Name you go by: _____
Last First Middle

Gender: _____ Age: _____ Birthdate: _____
Month Day Year

Street Address: _____ City/State/ZIP: _____

Parental Contact Information: (Circle the information of the parent(s)/guardian(s) that you live with.)

1st Parent/Guardian: _____ Home Phone: _____

E-mail address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Phone number DURING class: _____ Work Hours: _____

2nd Parent/Guardian: _____ Home Phone: _____

E-mail address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Phone number DURING class: _____ Work Hours: _____

CLASS SCHEDULE:

Class period	Subject	Teacher	Room #
1.	_____	_____	_____
2.	_____	_____	_____
WB.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Lunch period: **1st 2nd 3rd 4th** (Circle one) Official Grade Level: _____

Activities/Clubs/Sports/Work: _____

Hobbies/Interests: _____

Write anything else I should know about you (health, family situation, disability, language, etc.):

Parent/Guardian Signature: _____

2nd Parent/Guardian Signature: _____

Student Signature: _____