# 2015/2016 Student Information

**(Please Print Clearly)**

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_____ _____ _____

Student's Last Name First Name MI

_____ _____/_____/_____ _____

Age Date of Birth Student's Gender

_____

Street Address

_____ _____ _____

City State Zip Code

_____

Home Phone

_____ _____

Parent/Guardian Parent/Guardian

_____ _____

Parent/Guardian Employer Parent/Guardian Employer

_____ _____

Parent/Guardian Work Phone Parent/Guardian Work Phone

_____ _____

Parent/Guardian Cell Phone Parent/Guardian Cell Phone

_____ _____

**First Emergency Contact Name** **Second Emergency Contact Name**

_____ _____

**First Emergency Contact Phone** **Second Emergency Contact Phone**

_____ _____

Preferred Email Address Preferred Email Address