

# STUDENT AND FAMILY CONTACT INFORMATION

## STUDENT CONTACT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name/Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Period \_\_\_\_\_

Cell Phone \_\_\_\_\_ Texting: ☐ YES ☐ NO

## PRIMARY PARENT/GUARDIAN CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Texting: ☐ YES ☐ NO

Preferred method of contact: ☐ email ☐ phone call ☐ text

## SECONDARY PARENT/GUARDIAN CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Texting: ☐ YES ☐ NO

Preferred method of contact: ☐ email ☐ phone call ☐ text