STUDENT AND FAMILY CONTACT INFORMATION

Preferred Name/Nickname Date of Birth GradePeriod Cell Phone Texting: □ YES □ NO PRIMARY PARENT/GUARDIAN CONTACT INFORMATION Name Relationship Email Home Phone Work Phone	Last Name	First Name
Cell Phone Texting: _ YES _ NO PRIMARY PARENT/GUARDIAN CONTACT INFORMATION Name Relationship Email	Preferred Name/Nicknan	ne
PRIMARY PARENT/GUARDIAN CONTACT INFORMATION VameRelationship Email	Date of Birth	Grade Period
PRIMARY PARENT/GUARDIAN CONTACT INFORMATION VameRelationship Email	Cell Phone	Texting: 🗆 YES 🗆 NO
mail	PRIMARY PARENT/GUARDIAN CONTACT INFORMATION	
	Name	Relationship
Home Phone Work Phone	Email	
Cell Phone Texting: Texting: Texting: Texting: Texting: Texting: Texting: Texting: Te		
Preferred method of contact: email phone call text	Cell Phone	Texting: 🗆 YES 🗆 NO
ARCCINIIART PARTNI/LEIFARINAN L.LINIML.I INTLINIMIAILI	Preferred method of con	tact: - email - phone call - text
	Preferred method of con	
NameRelationship	Preferred method of con	tact: - email - phone call - text
	Preferred method of con SECONDARY PARENT/GU	tact: - email - phone call - text ARDIAN CONTACT INFORMATION Relationship
NameRelationship	Preferred method of con SECONDARY PARENT/GU Name Email	tact: - email - phone call - text ARDIAN CONTACT INFORMATION Relationship