



PARENT/GUARDIAN CONTACT INFORMATION

<i>Primary Contact Last Name</i>	<i>Primary Contact First Name</i>	<i>Primary Contact Middle</i>
<i>Relationship to Student</i>	<i>Lives with Student (Yes/No)</i>	<i>E-Mail Address</i>
<i>Street Address</i>		<i>City, ST, Zip Code</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>
<i>Occupation</i>		<i>Employer</i>
<i>Contact #2 Last Name</i>	<i>Contact #2 First Name</i>	<i>Contact #2 Middle Name</i>
<i>Relationship to Student</i>	<i>Lives with Student (Yes/No)</i>	<i>E-Mail Address</i>
<i>Street Address</i>		<i>City, ST, Zip Code</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>
<i>Occupation</i>		<i>Employer</i>
<i>(Optional) Contact #3 Last Name</i>	<i>Contact #3 First Name</i>	<i>Contact #3 Middle Name</i>
<i>Relationship to Student</i>	<i>Lives with Student (Yes/No)</i>	<i>E-Mail Address</i>
<i>Street Address</i>		<i>City, ST, Zip Code</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>
<i>Occupation</i>		<i>Employer</i>

THIS FORM MUST BE RETURNED TO INSURE WE HAVE THE CORRECT CONTACT INFORMATION FOR STUDENT.