

Family Information – Parent/Guardian 2

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Family Information – Parent/Guardian 3

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Family Information – Parent/Guardian 4

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____

Is the following person the primary legal guardian of this student? YES _____ NO _____

Is the following person financially responsible for school fees for this student? YES _____ NO _____

If 'YES' to the above indicate the percentage of responsibility: _____ %

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Pager (_____) _____ Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Additional Family Information – Emergency Contacts

If we are unable to reach a parent or guardian please list another person or persons we may call. Please indicate if each person has permission to pick up the student from school.

Name _____ Relationship _____

Phone Number (_____) _____ Pick Up _____ NO Pick Up _____

Driver's License # _____ State _____

Name _____ Relationship _____

Phone Number (_____) _____ Pick Up _____ NO Pick Up _____

Driver's License # _____ State _____

Name _____ Relationship _____

Phone Number (_____) _____ Pick Up _____ NO Pick Up _____

Driver's License # _____ State _____

Medical Information

Student 1's primary physician _____

Physician's phone number (_____) _____

Does the student have any known physical problems, allergies, etc.? YES ___ NO ___

If 'Yes' please describe: _____

Is student 1 current on all immunizations? YES ___ NO ___ NOT SURE ___

Student 2's primary physician _____

Physician's phone number (_____) _____

Does the student have any known physical problems, allergies, etc.? YES ___ NO ___

If 'Yes' please describe: _____

Is student 2 current on all immunizations? YES ___ NO ___ NOT SURE ___

Student 3's primary physician _____

Physician's phone number (_____) _____

Does the student have any known physical problems, allergies, etc.? YES ___ NO ___

If 'Yes' please describe: _____

Is student 3 current on all immunizations? YES ___ NO ___ NOT SURE ___

Preferred hospital if emergency _____

Insurance _____ Phone (_____) _____

Group # _____ Policy # _____

To the best of my knowledge all the above information is accurate and complete. I authorize the Calvary Christian Academy to enter this data into the official school records, superseding previously recorded data.

Parent/Guardian Signature _____ Date ____/____/____