

STAR LANE CENTER 2007-2008
Student Information Date _____

For Office Use Only: A T D M P

Student Name (Last) _____ (First) _____

(Middle) _____ (Nickname) _____

Home School _____ Grade _____ Male/Female ____ Birth date _____

Mailing Address (Box or Street) _____

(City) _____ (State) _____ (Zip) _____

Street Address (if different) _____

Home Phone _____ Home E-Mail Address (Parent) _____

Student Cell Phone _____ Home E-Mail Address (Student) _____

Parent/Guardian Name:

Father (Last) _____ (First) _____

Mother (Last) _____ (First) _____

Guardian (Last) _____ (First) _____

(Relationship) _____

Employer of Father _____ Phone _____

Employer of Mother _____ Phone _____

Guardian Employer _____ Phone _____

Contact Preference:

Father _____ Daytime Phone # _____ Cell Phone # _____

Mother _____ Daytime Phone # _____ Cell Phone # _____

Guardian _____ Daytime Phone # _____ Cell Phone # _____

Emergency Name and Phone # to contact WHEN PARENT/GUARDIAN CANNOT BE REACHED:

Name _____ Phone _____

Relationship _____