

Student Contact Form

Name _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Parent/Guradian Contact Info:

Name _____ Relationship _____

Telephone _____ Email _____

Employment _____

Name _____ Relationship _____

Telephone _____ Email _____

Employment _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Conditions:

- I have voluntarily provided the above contact information and authorize the Academy and its representatives to contact any of the above on my behalf in the event of an emergency.
- I have read and understand the expectations as an Academy student as stated in the handbook.

Student Signature _____ Parent Signature _____