

# General Information Form

Student(s) Names: \_\_\_\_\_

Student(s) Names: \_\_\_\_\_

Student(s) Names: \_\_\_\_\_

Student(s) Names: \_\_\_\_\_

	PARENT/GUARDIAN	PARENT/GUARDIAN
Name		
Relationship (Mother, Father, Step-parent, Guardian, Grandparent, Deceased)		
Marital Status (Married, Single, Widowed, Divorced, Remarried, Separated)		
If divorced/remarried, spouse's name		
Physical Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
Email address		
Religion		
Employer		
Occupation		

Mail all correspondence to: (if different from above address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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