

INFORMATION SHEET

(PARENT/LEGAL GUARDIAN)

<hr/>	<hr/>	<hr/>
LAST NAME	FIRST NAME	MIDDLE

*PLEASE SPECIFY RELATIONSHIP TO STUDENT: _____

<hr/>	<hr/>	<hr/>	<hr/>
ADDRESS	CITY	STATE	ZIP

SSN: _____ DOB: _____ RACE: _____ SEX: _____

DRIVER'S LICENSE #: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

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(STUDENT)

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LAST NAME	FIRST NAME	MIDDLE

<hr/>	<hr/>	<hr/>	<hr/>
ADDRESS	CITY	STATE	ZIP

SSN: _____ DOB: _____ RACE: _____ SEX: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

ATTEMPTS THAT HAVE BEEN MADE TO SECURE ATTENDANCE:
