

VERIFICATION FORM

STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL: _____

PARENT INFORMATION--MOTHER

NAME: _____

HOME ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL: _____

PARENT INFORMATION--FATHER

NAME: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL: _____

Student resides with: Father ___ Mother ___ Both ___

EMERGENCY INFORMATION

In the event of an emergency the following person/persons should be contacted if either parent cannot be reached. (Please provide two contacts, if possible.)

NAME: _____ RELATIONSHIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

NAME: _____ RELATIONSHIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

MOTHER'S SIGNATURE: _____

FATHER'S SIGNATURE: _____

Is a Second Mailing required? YES _____ NO _____

If "YES", please indicate the address: _____
