

Student/Guardian Address Form



Legal Name of Student _____
 Last First Middle Suffix

Student ID _____

Student Address

Street Apt//Lot
 City/County State Zip
 Area Code Home Phone Area Code Mobile Phone
 Area Code Work Phone

Parent / Guardian Signature (The information provided in this registration package is accurate to the best of my knowledge)

_____ **Date** ____ / ____ / ____

Legal Guardian

_____ Last First Middle Suffix

Address or Same

Street Apt//Lot
 City State Zip
 Area Code Home Phone Area Code Mobile Phone
 Area Code Work Phone email address

Check all that apply

___ Contact Allowed ___ Educational Rights ___ Has Custody ___ Lives With
 ___ Mailings Allowed ___ Enrolling Parent ___ Release To

Legal Guardian

_____ Last First Middle Suffix

Address Or Same

Street Apt//Lot
 City State Zip
 Area Code Home Phone Area Code Mobile Phone
 Area Code Work Phone email address

Check all that apply

___ Contact Allowed ___ Educational Rights ___ Has Custody ___ Lives With
 ___ Mailings Allowed ___ Enrolling Parent ___ Release To

Office Use

Accepted By: _____ Date: ____ / ____ / ____