

CLARKSTON COMMUNITY SCHOOLS

STUDENT INFORMATION

To be completed by parent/guardian.

Student's Name _____
(Last) (First) (Initial)

Address _____

City _____ Zip _____

Home Telephone _____ Social Security Number _____

School _____

Birth Date _____

PARENT/GUARDIAN INFORMATION

To be completed by parent/guardian.

Father's Name _____

Address _____

City _____ Zip _____

Father Works At _____

Work Phone _____ Home Phone _____

Mother's Name _____

Address _____

City _____ Zip _____

Mother Works At _____

Work Phone _____ Home Phone _____