

DELAWARE CITY SCHOOLS**STUDENT INFORMATION**

To be completed by parent/guardian.

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

Date of Birth _____ Age _____ Home phone (____) _____

Address _____
Street City Zip**Father/Guardian** _____
Name Address (IF DIFFERENT FROM STUDENT)

Cell phone (____) _____

Pager (____) _____
Phone (IF DIFFERENT FROM STUDENT)

Place of Employment _____ Work Phone (____) _____

May we contact you at work? Yes _____ No _____ E-Mail Address (HOME) _____
May we e-mail you? Yes _____ No _____ E-Mail Address (WORK) _____**Mother/Guardian** _____
Name Address (IF DIFFERENT FROM STUDENT)

Cell phone (____) _____

Pager (____) _____
Phone (IF DIFFERENT FROM STUDENT)

Place of Employment _____ Work Phone (____) _____

May we contact you at work? Yes _____ No _____ E-Mail Address (HOME) _____
May we e-mail you? Yes _____ No _____ E-Mail Address (WORK) _____

Emergency contact person 1) _____ Phone _____

2) _____ Phone _____

I HEREBY AFFIRM THAT I AM THE PARENT/OR LEGAL GUARDIAN OF THE ABOVE NAMED CHILD._____
Signature_____
Date

Please write anything we should know about your child.