

COMPLETE THIS PAGE ONLY IF PARENT'S DO NOT SHARE THE SAME HOME

Secondary Family Information

| | |
|--------------------------------------|---|
| Address Line 1: _____ | SECONDARY RESIDENCE OF STUDENT |
| Address Line 2: _____ | |
| _____ | |
| City _____ State _____ ZIPCode _____ | |
| Home Phone _____ | Cell Phone _____ |
| E-Mail Address _____ | Work Phone _____ |

Secondary Family - Father's Information

| | |
|--|--|
| Father's Name _____ | |
| _____ Last _____ First _____ Middle _____ | |
| Business Phone _____ Fax _____ Cell Phone _____ | |
| Company Name _____ Job Title _____ | |
| E-Mail Address _____ | |
| Allowed to Pick Up Child <input type="checkbox"/> | Emergency Contact: <input type="checkbox"/> |

Secondary Family - Mother's Information

| | |
|--|--|
| Mother's Name _____ | |
| _____ Last _____ First _____ Middle _____ | |
| Business Phone _____ Fax _____ Cell Phone _____ | |
| Company Name _____ Job Title _____ | |
| E-Mail Address _____ | |
| Allowed to Pick Up Child <input type="checkbox"/> | Emergency Contact: <input type="checkbox"/> |

Emergency Contacts (other than Parents)

Contact Name _____ Relation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact Name _____ Relation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact Name _____ Relation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Contacts

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Hospital _____ Phone Number _____

Insurance _____ Phone Number _____

Policy Number _____

Pickup Information (People Authorized to pickup your child(ren) from school)

Name _____ Home Phone _____

Relationship to Child _____ Work Phone _____

Notes _____ Cell Phone _____

Name _____ Home Phone _____

Relationship to Child _____ Work Phone _____

Notes _____ Cell Phone _____

Name _____ Home Phone _____

Relationship to Child _____ Work Phone _____

Notes _____ Cell Phone _____

Name _____ Home Phone _____

Relationship to Child _____ Work Phone _____

Notes _____ Cell Phone _____

Name _____ Home Phone _____

Relationship to Child _____ Work Phone _____

Notes _____ Cell Phone _____