PR _____
BC _____
IMM _____

PUPIL DATA

(TO BE FILLED OUT BY PARENT)

Name _____
(First) **(Middle)** **(Last)**

Sex Male _____ Female _____

Address _____

Home Telephone # _____**Cell Phone #**_____

E-Mail Address _____

Date of Birth Month _____Day _____Year _____

Place of Birth _____

Father's Name _____

Mother's Name _____

Legal Guardian Both Parents _____ Father _____ Mother _____ Other _____

Father's Occupation _____**Work #**_____

Mother's Occupation _____ **Work #**_____

Is Child a State Ward? _____

Additional information that may be pertinent to your child's well being

_____

_____

_____

_____

_____
Signature of Parent/Guardian