

Student Contact Information

Student's Full Name: _____

Student Health Card Number: _____

Mother (Guardian #1) Information:

Full Name: _____

Phone Number: (home) _____
 (work) _____
 (other) _____

E-mail address: _____

- Yes, I would like to be included in the parents' e-mail list to be notified of upcoming events, projects, and test dates
- No, I would NOT like to be included in the parents' e-mail list

Contact Preference:

- I prefer to be contacted by phone
 - I prefer to be contacted by e-mail
 - I can be contacted by phone or e-mail
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Father (Guardian #2) Information:

Full Name: _____

Phone Number: (home) _____
 (work) _____
 (other) _____

E-mail address: _____

- Yes, I would like to be included in the parents' e-mail list to be notified of upcoming events, projects, and test dates
- No, I would NOT like to be included in the parents' e-mail list

Contact Preference:

- I prefer to be contacted by phone
- I prefer to be contacted by e-mail
- I can be contacted by phone or e-mail