

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____	<b>Relationship to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother  <b>Parent Education Level:</b> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High <input type="checkbox"/> High School <input type="checkbox"/> College
Address: _____ _____	
Home Phone: _____ Cell Phone _____	
Email: _____	
Student lives with this parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, should mailings be sent? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Parent/Guardian Name: _____	<b>Relationship to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother  <b>Parent Education Level:</b> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High <input type="checkbox"/> High School <input type="checkbox"/> College
Address: _____ _____	
Home Phone: _____ Cell Phone _____	
Email: _____	
Student lives with this parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, should mailings be sent? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Parent/Guardian Name: _____	<b>Relationship to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother  <b>Parent Education Level:</b> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High <input type="checkbox"/> High School <input type="checkbox"/> College
Address: _____ _____	
Home Phone: _____ Cell Phone _____	
Email: _____	
Student lives with this parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, should mailings be sent? <input type="checkbox"/> YES <input type="checkbox"/> NO	