



Parent Information Form

Due June 15, 2010

Please complete this entire form and return it to the Day School Office no later than June 15, 2010. Please complete the reverse side if there are special family circumstances. The information marked with an asterisk will appear in the Parent-Student Directory. Please print legibly.

*Name of Student _____
First Middle Last Preferred Name for Directory

*Name of Student _____
First Middle Last Preferred Name for Directory

*Name of Student _____
First Middle Last Preferred Name for Directory

*Name of Student _____
First Middle Last Preferred Name for Directory

*Street Address _____

*City _____ *State _____ *Zip _____

*Home Telephone _____

*Preferred E-mail Address for the Directory _____

*Name of Father _____
Mr./Dr. First Middle Last Preferred Name for Directory

Name of Employer _____ Position _____

Business Address _____

Business Telephone _____ * Cell phone _____

E-mail Address (required for school communication) _____

*Name of Mother _____
Mrs./Ms./Dr. First Middle Last Preferred Name for Directory

Name of Employer _____ Position _____

Business Address _____

Business Telephone _____ * Cell phone _____

E-mail Address (required for school communication) _____

Name of Person Who Completed This Form _____

Please also see reverse side.

Special Family Circumstances Information

The following information is required if there are special family circumstances such as divorce, separation, step-parents, and/or a current court order. **Please note that any special custodial or visitation instructions must be supported by official court documentation.**

Family Circumstances (Circle all that apply.)

Second Family Divorce Separation Parent Denied Access to Child

*Name of Custodial Parent/Adult _____ Relationship to Child _____
Mr./Mrs./Ms./Dr.

*Street Address _____

*City _____ *State _____ *Zip _____

*Home Telephone _____

Name of Employer _____ Position _____

Business Address _____

Business Telephone _____ *Cell phone _____

Adult Not Living with Custodial Adult Permitted to Receive School Information and Child's Reports

*Name _____ Relationship to Child _____
Mr./Mrs./Ms./Dr.

*Street Address _____

*City _____ *State _____ *Zip _____

*Home Telephone _____

Name of Employer _____ Occupation _____

Business Address _____

Business Telephone _____ * Cell phone _____

Adult Not Permitted to Receive School Information and Child's Reports

Name _____ Relationship to Child _____
Mr./Mrs./Ms./Dr.

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____

Name of Employer _____ Occupation _____

Business Address _____

Business Telephone _____ * Cell phone _____

Court Order Date _____ When does the court order expire? _____

Name of Person Who Completed This Form _____