

Student Information Sheet 2016-2017

Name: _____ Birthday ___ / ___ / ___
Graduation Year: _____ Age: _____ Gender: Male or Female

School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Your Email: _____

Do you want to receive text message reminders about events? Yes/No

Parent(s)/Guardian(s) Name: _____

Home/Parent Phone: _____

Can they receive text messages? Yes/No

Parent email: _____

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