Student Information Sheet 2016-2017

Name:			Birthday <u>/</u>	<u>/</u>
Graduation Year:	Age:_		Gender: Male or Fen	nale
School:				
Home Address:				
City:	State:	Zip:		
Cell Phone:	Υοι	ur Email:		
			oout events? Yes/No	
Can they receive te	_			
Parent email:	•			
Stude	ent Informat	tion Sheet	2016-2017	
Name:			Birthday <u>/</u>	/
Graduation Year:	Age:_		Birthday <u>/</u> Gender: Male or Fen	nale
School:				
Home Address:				
City:	State:	Zip:		
Cell Phone:	Υοι	ur Email:		
Do you want to rece Parent(s)/Guardian	eive text message (s) Name:	e reminders al	oout events? Yes/No	
Home/Parent Phone	;;		 	
Can they receive te	xt messages? Ye	s/No		
Parent email:				