



**Student Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Primary language: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**FOR 18- 22 Year Olds**

Court Appointed Legal Guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name of Guardian \_\_\_\_\_

*Parents will be contacted FIRST: Please provide us two additional contacts One Not residing in same household.*

**Emergency Contact**

Contact Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Secondary Emergency Contact – NOT Residing in Same Household**

Contact Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Transportation Provider** \_\_\_\_\_ Phone: \_\_\_\_\_