

# PARENT/GUARDIAN FORM

Full Name of Student (Mr./Miss):

Preferred name \_\_\_\_\_ Date of Birth \_\_\_\_\_

MONTH/DAY/YEAR

**Home Address:**

Home Phone: \_\_\_\_\_

INCLUDE AREA CODE OR INTERNATIONAL CODES

**Parent/Guardian Information:**

Father/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

INCLUDE AREA CODE OR INTERNATIONAL CODES

Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

INCLUDE AREA CODE OR INTERNATIONAL CODES

Place of employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**Name and ages of children in family:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, if parents cannot be reached, whom would you like the College to contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Student Name:

**Academic Information** -- *Please describe your impressions of your son's/daughter's attitudes toward school and specific academic interests:*

**Vocational Interests** -- *Comment on what future occupations or plans your son or daughter may have and what work experience he or she has had.*

**Social Information** -- *Please describe your impression of your son's /daughter's social life, adjustment to new situations, and involvement in extracurricular activities.*

Student Name:

**Health Information** -- *Are there any problems, physical or psychological, about which we should know?  
(Please include names of drugs or medicines that may be brought to school)*

**Non-Academic Information** -- *What do you and your family consider to be the most important non-academic needs of your son/daughter?*

**Additional Comments** -- *Please feel free to share any thoughts which might assist us in making your son's or daughter's experience at the College as meaningful as possible.*

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Date

Parent or Guardian *(please print name)*

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Address

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City, State, Zip

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Country