

Academic Information Form

Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
School Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
School Phone: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_  
Teacher Phone: \_\_\_\_\_

Grade: \_\_\_\_\_  
Section: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_  
Enrollment Status: \_\_\_\_\_  
Previous School: \_\_\_\_\_  
Previous School Address: \_\_\_\_\_  
Previous School Phone: \_\_\_\_\_  
Previous Teacher Name: \_\_\_\_\_  
Previous Teacher Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Address: \_\_\_\_\_  
Emergency Contact City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_  
Emergency Contact Relationship: \_\_\_\_\_  
Emergency Contact Consent: \_\_\_\_\_  
Emergency Contact Signature: \_\_\_\_\_  
Emergency Contact Date: \_\_\_\_\_

Parent Consent: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_  
Parent Date: \_\_\_\_\_  
School Consent: \_\_\_\_\_  
School Signature: \_\_\_\_\_  
School Date: \_\_\_\_\_

Principal Name: \_\_\_\_\_  
Principal Address: \_\_\_\_\_  
Principal City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Principal Phone: \_\_\_\_\_  
Principal Signature: \_\_\_\_\_  
Principal Date: \_\_\_\_\_

Principal Consent: \_\_\_\_\_  
Principal Signature: \_\_\_\_\_  
Principal Date: \_\_\_\_\_

Number of Agencies		
From the Charter to the State of the State	the Charter of the State of the State	the Charter of the State of the State
Name of the Agency		
Name of the Director		
Principal Signature		
Date:	2-2	