Student Contact Information

Student's Last Name _____ **Student's First Name** _____ **DOB** _____

Student's Gender _____ **Student's Ethnicity** _____

Student's Home Mailing Address _____ **Town or City** _____ **State/Zip Code** _____

If PO Box then Street Address (Required) _____ **Student's Home Language** _____

Student's Home Phone # _____ **Student's Cell #** _____

Student's Country of Birth _____ **If not US, date entered US** _____

Student's Home School District _____

Parent or Guardian Information

Parent/Guardian #1 _____ _____ _____ _____
Full Name Home Phone # Work Phone # Cell #

Relationship to Student _____ **Home Address** _____
If different from student's address

Resides in Household ☐ **Email Address** _____

Parent/Guardian #2 _____ _____ _____ _____
Full Name Home Phone # Work Phone # Cell #

Relationship to Student _____ **Home Address** _____
If different from student's address

Resides in Household ☐ **Email Address** _____

Additional #1
Parent/Guardian _____ _____ _____ _____
Full Name Home Phone # Work Phone # Cell #

Relationship to Student _____ **Home Address** _____
If different from student's address

Resides in Household ☐ **Email Address** _____

Additional #2
Parent/Guardian _____ _____ _____ _____
Full Name Home Phone # Work Phone # Cell #

Relationship to Student _____ **Home Address** _____
If different from student's address

Resides in Household ☐ **Email Address** _____

Over →

Emergency Contact Information

In the case of an emergency school closing Tech Valley High School should contact
(Please select someone other than a parent/guardian)

#1 Contact Person (Full Name)	Phone #1(ex. cell, work)	Phone #2(ex. cell, work)	Relationship
#2 Contact Person (Full Name)	Phone #1(ex. cell, work)	Phone # 2(ex. cell, work)	Relationship

Name of student's doctor _____ Phone # _____ M / F
First and Last Name

IMPORTANT: Please add any additional information you feel this school should know about your child (i.e. medical concerns, custody situations, **who may pick up/drop off, etc.**) This information will be shared with appropriate school personnel unless you state otherwise in the space provided._____

_____

_____

_____

Home District Information

_____
Home District

_____ _____
Superintendent **Phone Number**

_____
Address

_____ **NY** _____
City **Zip**

_____ _____
Principal **Phone Number**

_____ _____
High School Guidance Counselor **Phone Number**