

Parent Data Collection Sheet

- If you have setup your profile on line, you do not need to return this form to the school.
- If you have more than one child, you only need to complete and return one data collection sheet.

Type of Account: _____ Joint _____ Individual (Please check one)

Please Print

First Parent Profile

First Name: _____

Last Name: _____

Relationship to Student(s): _____

Custody: ____Yes ____No (Check One)

Home Telephone: (____)____-_____

Work Telephone: (____)____-_____

Cell Phone (____)____-_____

e-Mail Address _____

Please check messages you wish to receive on this device

Closings & Delays	High Importance	Busing	Activities	General Info.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Second Parent Profile

First Name: _____

Last Name: _____

Relationship to Student(s): _____

Custody: ____Yes ____No (Check One)

Home Telephone: (____)____-_____

Work Telephone: (____)____-_____

Cell Phone (____)____-_____

e-Mail Address _____

Please check messages you wish to receive on this device

Closings & Delays	High Importance	Busing	Activities	General Info.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Information

	First Name	Last Name	Date of Birth	Grade
1			/ /	
2			/ /	
3			/ /	
4			/ /	
5			/ /	

See Reverse Side for Additional Contact Information

Additional Contact Information

Please Print

Additional Contact #1

First Name: _____

Last Name: _____

Relationship to Student(s): _____

Home Telephone: (____)____ - _____

Work Telephone: (____)____ - _____

Cell Phone (____)____ - _____

e-Mail Address _____

Please check messages you wish to receive on this device

<u>Closings</u> & <u>Delays</u>	<u>High</u> <u>Importance</u>	<u>Busing</u>	<u>Activities</u>	<u>General</u> <u>Info.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Contact #2

First Name: _____

Last Name: _____

Relationship to Student(s): _____

Home Telephone: (____)____ - _____

Work Telephone: (____)____ - _____

Cell Phone (____)____ - _____

e-Mail Address _____

Please check messages you wish to receive on this device

<u>Closings</u> & <u>Delays</u>	<u>High</u> <u>Importance</u>	<u>Busing</u>	<u>Activities</u>	<u>General</u> <u>Info.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custody: ____Yes ____No (Check One)

Additional Contact #3

First Name: _____

Last Name: _____

Relationship to Student(s): _____

Home Telephone: (____)____ - _____

Work Telephone: (____)____ - _____

Cell Phone (____)____ - _____

e-Mail Address _____

Please check messages you wish to receive on this device

<u>Closings</u> & <u>Delays</u>	<u>High</u> <u>Importance</u>	<u>Busing</u>	<u>Activities</u>	<u>General</u> <u>Info.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custody: ____Yes ____No (Check One)