

STUDENT CONTACT INFORMATION (CHARMS)

PLEASE PRINT - CLEARLY

STUDENT

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN

NAME: _____

RELATIONSHIP TO STUDENT: _____

WORK PHONE _____ HOME PHONE _____

CELL PHONE _____

ADDRESS: _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS: _____

OCCUPATION/SKILLS: _____

PARENT/GUARDIAN

NAME: _____

RELATIONSHIP TO STUDENT: _____

WORK PHONE _____ HOME PHONE _____

CELL PHONE _____

ADDRESS: _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS: _____

OCCUPATION/SKILLS: _____

*I HAVE PROVIDED THE ABOVE INFORMATION, AND IT IS ACCURATE TO MY KNOWLEDGE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____