

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer	Work Address		Work Hours	
2nd Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer	Work Address		Work Hours	
Which Guardian Should be Called First?		Home Phone		Preferred language for written communication:	
Home Resident Street Address		Apt #	City		Zip Code
Mailing Address (if different than above)		Apt #	City		Zip Code

Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
2nd Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? [] Yes [] No	
Second Household Mailing Address		Apt #	City	State	Zip Code

Additional Comments & Information: _____

