

PARENT/GUARDIAN CONTACT INFORMATION

**F
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R
S
T**

Check One: ___ Mr. ___ Mrs. ___ Ms. ___ Other (specify) _____ Relation: _____

_____ Last Name _____ First Name _____ Employer's Name _____

_____ Home Phone # _____ Cellular Phone # _____ Work Phone # (include ext.) _____ Email Address _____

_____ Address (if different from student's)

Custody of child: Yes ___ No ___ Child lives with this contact: Yes ___ No ___
If accepted for enrollment, parent must provide documentation of custody status if needed

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D**

Check One: ___ Mr. ___ Mrs. ___ Ms. ___ Other (specify) _____ Relation: _____

_____ Last Name _____ First Name _____ Employer's Name _____

_____ Home Phone # _____ Cellular Phone # _____ Work Phone # (include ext.) _____ Email Address _____

_____ Address (if different from student's)

Custody of child: Yes ___ No ___ Child lives with this contact: Yes ___ No ___
If accepted for enrollment, parent must provide documentation of custody status if needed

OTHER INFORMATION

(Person to Notify In Case Of Emergency if First or Second Contact cannot be reached)

Check One: ___ Mr. ___ Mrs. ___ Ms. ___ Other (specify) _____ Relation: _____

_____ Last Name _____ First Name _____ Employer's Name _____

_____ Home Phone # _____ Cellular Phone # _____ Work Phone # (include ext.) _____ Email Address _____

PHYSICIAN INFORMATION

_____ Doctor's Name or Clinic Name _____

_____ Office Phone # _____

_____ Medical Insurance _____

SCHOOL SUPPLEMENTARY INFORMATION

Other Children in the Family:

	Name	Age		Name	Age
1.	_____	_____	3.	_____	_____
2.	_____	_____	4.	_____	_____

ADDITIONAL INFORMATION

The following questions are optional:

- A. Does this student have a current IEP, 504, or related services? Yes ___ No ___
 If so, please describe and/or provide documentation.
- B. How did you hear about Voyager A Public Charter School?

Parent/Legal Guardian Signature: _____

Date: _____

FOR SCHOOL USE ONLY