

ATTENTION: Please complete/correct the information
Monrovia High School

Form Completed By : _____
Date: _____

Last Name _____
First Name _____
Middle Name _____
Nick Name _____
Phone _____
Grade _____
Email _____
Bus Number _____
Race
 American Indian or Alaskan Native Hispanic
 Black not of Hispanic Origin White not of Hispanic Origin
 Asian or Pacific Islander Multiracial

DOB _____
SSN _____
Mailing Address _____
IN _____
Physical Address _____
IN _____
Student Cell _____
Birth Place _____
Sex Male Female

Release Name/Address to Military
 Share Info DO NOT Share Info

County _____
Township _____

Guardian Information

Guardian Father Foster Parent Grand Parent Mother Other Parents

Email _____
Text Messaging Address _____
Responsible for Book Fees _____

Guardian (If other than parent)

Last Name _____
First Name _____
Address _____

Cell Phone _____
Phone _____
Father
Last Name _____
First Name _____
Address _____

Phone _____
Cell Phone _____
Mother
Last Name _____
First Name _____
Address _____

Phone _____
Cell Phone _____

Guardian Employer

Employer _____
Address _____

Work Phone _____

Paternal Employer

Employer _____
Address _____

Work Phone _____ **Ext** _____

Pager

Maternal Employer

Employer _____
Address _____

Work Phone _____ **Ext** _____

Pager

Emergency Contact Information (other than listed above)

	Last Name	First Name	Relationship	Phone Numbers
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Physician Information

Physician _____ **Phone** _____
Health Concerns _____

Sibling Information

Name	Grade	Name	Grade