



PARENT/GUARDIAN: The school must have on file Information that can be used to contact you. Please validate the following Information. Make any necessary changes or additions using this form and return it to your child's school. If there are more than five contacts, list the additional ones on the back of this sheet. Note that only contacts that are identified as living with the child (that is, the "live with" box is checked) are the ones who will receive mailings from the school.



Student Number

DEMOGRAPHIC & CONTACT VERIFICATION

Data _____

Charles P Steinmetz Academic Centre High School

Home Room _____

School _____

Student Name



 (Last Name) (First Name) (Middle name)

Student Address



Student Home Phone # (773) _____

Correct as needed _____

Contact Information

Father

Can Pick-Up

Lives With

Has Custody

Emer. Contact



Contact Address

Home

Work



Phone _____ Phone _____

Employer



Mother

Can Pick-Up

Lives With

Has Custody

Emer. Contact



Contact Address

Home

Work



Phone _____ Phone _____

Employer



Can Pick-Up Lives With Has Custody Emer Contact

Relationship _____

Last Name _____ First Name _____ Middle Name _____

Contact Address _____ Home _____ Work _____

Employer _____ Phone _____ Phone _____

(For Parent or Guardian)

Relationship _____

Last Name _____ First Name _____ Middle Name _____

Contact Address _____ Home _____ Work _____

Employer _____ Phone _____ Phone _____

(For Parent or Guardian)

Relationship _____

Last Name _____ First Name _____ Middle Name _____

Contact Address _____ Home _____ Work _____

Employer _____ Phone _____ Phone _____

(For Parent or Guardian)

Family Doctor

Correct as needed _____
 (Doctor Name) (Doctor Address) (Doctor Phone #1)

I authorize you to call my doctor, if necessary _____

Parent/Guardian Signature _____