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Name: _____
Last First Middle

Date of Birth: ____/____/____ Age: ____/____ Gender: Male Female
dd mm yr Years Months

Place of Birth _____ Ethnicity: Black Hispanic
 Indian Caucasian
 Asian
 Other: _____

Home Address: _____ Mailing Address: _____

Home Phone: _____

Language: Primary Language _____ Secondary Language _____

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Single Parent Household Yes No

Father's Name: _____
Last First Middle

Home Address: _____ Mailing Address: _____

Home Phone: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
Place of Employment: _____

Mother's Name: _____
Last First Middle

Home Address: _____ Mailing Address: _____

Home Phone: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
Place of Employment: _____

Guardian's Name: _____
Last First Middle

Home Address: _____ Mailing Address: _____

Home Phone: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
Place of Employment: _____

Mother's Place of Birth: _____

Father's Place of Birth: _____

BVI Status: BVIlander Belonger

BVI Status: BVIlander Belonger

Proof of Status: Birth Certificate Passport Photo Page
Photo Page

Proof of Status: Birth Certificate Passport

Guardian's Place of Birth: _____

BVI Status: BVIlander Belonger

Proof of Status: Birth Certificate Passport Photo Page

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Medical Alerts: Allergies _____ Blood Type: _____

Other Alerts: _____

In case of an emergency the following contacts will be notified based on the order in which they are listed.

Emergency Contact #1

Name: _____
Last First Middle Initial

Relationship: Mother Father Guardian Other _____

Contact Number _____ Home Work Cellular

Emergency Contact #2

Name: _____
Last First Middle Initial

Relationship: Mother Father Guardian Other _____

Contact Number _____ Home Work Cellular

Other Special Medical Considerations: _____

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Type: Private Bus Government Funded Parents Walk Other _____

Bus Driver's Name: _____ Cell Phone: _____

Start Date: _____ End Date: _____

Departure Time: _____ Arrival Time: _____

Special Instructions: _____

Parent/Guardian: _____

Signature

Date

