

ASB Registration Form/Contact Information

ASB Registration Form/Contact Information										
First Name			Middle Name			Last Name				
Nick Name/Preferred name			Date of Birth		ASB Entry Year		M__ F__	Name:		
School/School District			Student phone number			Student email				
Ethnicity (<i>circle one</i>): African American Asian			Caucasian	Hispanic	Multiracial	Native American	Other: _____			
Insurance Carrier			Medical/Policy #		Medical Problems/Allergies		Medications			
Parent/Guardian Information										
First Name			Last Name			Relationship to student				
Home Phone			Cell Phone			Work Phone				
Home Address			City			Zip Code				
Parent/Guardian Email										
Employer			Job Title			Annual Family Income		Household Size		
Other Parent										
First Name			Last Name			Relationship to student				
Home Phone			Cell Phone			Work Phone				
Home Address			City			Zip Code				
Parent/Guardian Email										
Employer			Job Title							
Emergency Contact & Authorized Pick Up			By filling this portion out, you are allowing your child to be picked up by the authorized adults below as indicated by you the parent/guardian.							
1.- First Name			Last Name			Relationship to student				
Cell Phone			Home Phone							
2.- First Name			Last Name			Relationship to student				
Cell Phone			Home Phone							
3.- First Name			Last Name			Relationship to student				
Cell Phone			Home Phone							
Walking Permission, only for age 12 or up										
<input type="checkbox"/> Checking this box allows the student to walk "Home" from ASB after selfchecking out from the program Besides "Home", please list any additional destinations your child is able to walk i.e. Parents Work, Grandparents house, etc.										
Address			City			Zip Code		Relation to student/parent		
Address			City			Zip Code		Relation to student/parent		
Parent/Guardian signature			Date		Student Signature		Date			