



145 S. Park Street
DeFuniak Springs, FL 32435

2020-2021 Grade: _____

Student Information Sheet 2020-2021

It is **IMPERATIVE** we have the correct and current contact information for both the student and the parent. Communication through the year may come to you via phone, email, or letter. Please list below the correct and current contact information. **If the student is over the age of 18, the parent/guardian information is not required, however it is very helpful.**

Last Name: _____ First Name: _____

Student Email (please print legibly): _____

Student Cell Phone Number: _____

Residential Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

NCAA Student: Yes No

PARENT/GUARDIAN INFORMATION

1st Contact Relation: _____

Last Name: _____ First Name: _____

Email (please print legibly): _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

2nd Contact Relation: _____

Last Name: _____ First Name: _____

Email (please print legibly): _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____