

**2020-2021 FAMILY INFORMATION FORM
SHAWE MEMORIAL JR./SR. HIGH SCHOOL**

Student #1 Name _____ Gender _____
(as it appears on birth certificate) *Last* *First* *Middle Initial*

Primary Address _____
Street Address *City* *State* *Zip Code*

Student Cell Phone _____ School District _____

County of Residence _____ Date of Birth _____ Grade _____

Graduation Year _____ Allergies/Medical Conditions _____

Is the student Hispanic/Latino? Yes/No Student's Race _____ Catholic/Non-Catholic
(circle one) (see options below) (circle one)

Student #2 Name _____ Gender _____
(as it appears on birth certificate) *Last* *First* *Middle Initial*

Primary Address _____
Street Address *City* *State* *Zip Code*

Student Cell Phone _____ School District _____

County of Residence _____ Date of Birth _____ Grade _____

Graduation Year _____ Allergies/Medical Conditions _____

Is the student Hispanic/Latino? Yes/No Student's Race _____ Catholic/Non-Catholic
(circle one) (see options below) (circle one)

Student #3 Name _____ Gender _____
(as it appears on birth certificate) *Last* *First* *Middle Initial*

Primary Address _____
Street Address *City* *State* *Zip Code*

Student Cell Phone _____ School District _____

County of Residence _____ Date of Birth _____ Grade _____

Graduation Year _____ Allergies/Medical Conditions _____

Is the student Hispanic/Latino? Yes/No Student's Race _____ Catholic/Non-Catholic
(circle one) (see options below) (circle one)

Student #4 Name _____ Gender _____
(as it appears on birth certificate) *Last* *First* *Middle Initial*

Primary Address _____
Street Address *City* *State* *Zip Code*

Student Cell Phone _____ School District _____

County of Residence _____ Date of Birth _____ Grade _____

Graduation Year _____ Allergies/Medical Conditions _____

Is the student Hispanic/Latino? Yes/No Student's Race _____ Catholic/Non-Catholic
(circle one) (see options below) (circle one)

Racial Options for each student above are: *African-American, American Indian, Asian, Caucasian, Hispanic, Pacific Islander*

Parent/Guardian Contact #1

First Name _____

- Mother
- Father
- Guardian
- Other
- Stepfather
- Stepmother

- Grandmother
- Grandfather
- Aunt
- Uncle
- Sister
- Brother

Last Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address (es) _____

Home Address _____
Street Address *City* *State* *Zip Code*

Employer _____

Parent/Guardian Contact #2

First Name _____

- Mother
- Father
- Guardian
- Other
- Stepfather
- Stepmother

- Grandmother
- Grandfather
- Aunt
- Uncle
- Sister
- Brother

Last Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address (es) _____

Home Address _____
Street Address *City* *State* *Zip Code*

Employer _____

Parent/Guardian Contact #3

First Name _____

- Mother
- Father
- Guardian
- Other
- Stepfather
- Stepmother

- Grandmother
- Grandfather
- Aunt
- Uncle
- Sister
- Brother

Last Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address (es) _____

Home Address _____
Street Address *City* *State* *Zip Code*

Employer _____

Email Addresses & Cell Phones are our Primary Communication Tools