

District # 19 Office Information Card

Student Name: \_\_\_\_\_ M F Grade: \_\_\_\_\_  
Last First Middle

Student DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Student Birth Place: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street City

Mailing Address \_\_\_\_\_

With Whom does Child Reside?	Parent	Name of Parent/Guardian
	Guardian	_____ _____

Father's Employer : \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Does a parent reside at a different address and request copies of report cards? If yes, please provide address on line below.

\_\_\_\_\_

Over