



Christian Life Preparatory School

Family Information Update

Student Name: _____ DOB ____/____/____ M / F

Student Name: _____ DOB ____/____/____ M / F

Student Name: _____ DOB ____/____/____ M / F

Student Name: _____ DOB ____/____/____ M / F

Street Address: _____

City: _____ State: _____ Zip: _____

NAME OF PARENTS LIVING WITH STUDENT:

Father: _____ Cell#: _____ Business Phone: _____

Mother: _____ Cell#: _____ Business Phone: _____

LEGAL GUARDIAN (If other than parent):

Name: _____ Cell#: _____ Business Phone: _____

Name: _____ Cell#: _____ Business Phone: _____

ADDITIONAL PERSONS TO BE CALLED IN CASE OF AN EMERGENCY (Other than the parent):

PRIMARY

NAME: _____ Relationship: _____

Home Phone: _____ Cellular Phone: _____ Business Phone: _____

SECONDARY

NAME: _____ Relationship: _____

Home Phone: _____ Cellular Phone: _____ Business Phone: _____

STUDENT **MAY NOT** BE RELEASED TO:

NAME: _____ Relationship: _____