

#1 Parent/Guardian Information	
Name	
Relationship	
Date of Birth	
Home Phone	
Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Address	
Place of Employment	
Business Phone	
Cellular Phone	
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language at home	
E-mail	
Copy of Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Level	

#2 Parent/Guardian Information	
Name	
Relationship	
Date of Birth	
Home Phone	
Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Address	
Place of Employment	
Business Phone	
Cellular Phone	
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language at home	
E-mail	
Copy of Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Level	

#3 Parent/Guardian Information	
Name	
Relationship	
Date of Birth	
Home Phone	
Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Address	
Place of Employment	
Business Phone	
Cellular Phone	
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language at home	
E-mail	
Copy of Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Level	

#4 Parent/Guardian Information	
Name	
Relationship	
Date of Birth	
Home Phone	
Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same address as student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Address	
Place of Employment	
Business Phone	
Cellular Phone	
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language at home	
E-mail	
Copy of Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Level	