

INFORMATION FORM FOR RETURNING STUDENTS

PALM BEACH CAMPUS BROWARD CAMPUS

Name of student _____ Date of Birth _____
Last First Middle Mnth Day Yr

Application for grade _____ Date of projected entrance _____ Male Female

COMPLETE THIS SECTION ONLY IF PARENTS ARE DIVORCED OR SEPARATED

To whom should reports, announcements, etc. automatically be sent?

Both parents Mother only Father only Other _____

PARENT INFORMATION

Father's Name _____

Mother's Name _____

Home Address _____

Home Address _____

_____ Tel () _____
City State Zip

_____ Tel () _____
City State Zip

Occupation _____

Occupation _____

Job Title _____

Job Title _____

Name of Firm _____

Name of Firm _____

Bus. Address _____

Bus. Address _____

_____ Tel () _____

_____ Tel () _____

Cell # () _____

Cell # () _____

E-mail address _____

E-mail address _____

In case of emergency, person and telephone number to notify other than the above:

Name _____ Relationship _____ Tel () _____

Please indicate the name(s) of person(s) who should receive reports and who should receive invoices if the name and/or address is different to that of parent/guardian as indicated above.

Is there any reason for applicant not taking part in physical education? Yes No

If yes, please explain: _____

Date Father (Legal Guardian) Mother (Legal Guardian)
Signatures of Legal Guardian and person responsible for billing required