



# MISSION DOLORES ACADEMY

## After-School Academic Program

### Student Information Form

One copy of this form must be completed for each student. Students will not be able to participate in the After-School Academic Program until ALL forms have been submitted.

Student Legal Name: \_\_\_\_\_  
(Last) (First) (M.I)

Grade level: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Custodial parent (s)/ Guardian Information :

##### **Parent 1**

Name: \_\_\_\_\_  
(Last) (First) (M.I)

Street: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

##### **Parent 2**

Name: \_\_\_\_\_  
(Last) (First) (M.I)

Street: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Non-Custodial Parent(s)/ Guardian Information:**

This section should be completed by families with joint or shared custody agreements.

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I)

Street: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Please list all persons responsible for pick-up:**

**Name**

**Phone number**

1. \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

2. \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

3. \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_