

PARENT / GUARDIAN INFORMATION

Guardian #1 – Lives with Student (select one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self					
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widow					
Name: <i>Last Name</i> _____ <i>First Name</i> _____			SSN: _____		
Current Address: <i>Number</i> _____ <i>Street</i> _____ <i>City</i> _____ <i>Zip Code</i> _____ <i>Up</i> <input type="checkbox"/> <i>Down</i> <input type="checkbox"/> <i>Apt #</i> _____					
Previous Address: <i>Number</i> _____ <i>Street</i> _____ <i>City</i> _____ <i>Zip Code</i> _____ <i>Up</i> <input type="checkbox"/> <i>Down</i> <input type="checkbox"/> <i>Apt #</i> _____					
Workplace: _____			Work Phone: _____		
Home Phone: _____		Cell Phone: _____		Email: _____	
Owns home currently living in? <input type="checkbox"/> Yes <input type="checkbox"/> No Rents home currently living in? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a Lease agreement? Yes ___ No ___ Landlord's Name: _____ Phone Number: _____					

Guardian #2 – Lives with Student (select one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____					
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widow					
Name: <i>Last Name</i> _____ <i>First Name</i> _____			SSN: _____		
Workplace: _____			Work Phone: _____		
Cell Phone: _____			Email: _____		

NON-HOUSEHOLD RELATIONSHIP

Guardian #3 – DOES NOT live with Student (select one) <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> Caseworker <input type="checkbox"/> Other _____					
Name: <i>Last Name</i> _____ <i>First Name</i> _____			SSN: _____		
Address: <i>Number</i> _____ <i>Street</i> _____ <i>City</i> _____ <i>Zip Code</i> _____ <i>Up</i> <input type="checkbox"/> <i>Down</i> <input type="checkbox"/> <i>Apt. #</i> _____					
Workplace: _____			Work Phone: _____		
Home Phone: _____		Cell Phone: _____		Email: _____	