

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						
Military Status (active duty only): Branch of the Military _____ <input type="checkbox"/> Active Duty, Not Deployed <input type="checkbox"/> Active Duty, Deployed						
<i>Last Name</i>			<i>First Name</i>			
Name:					SSN:	
Current Address:		<i>Number</i>	<i>Street</i>	<i>City</i>	<i>Zip Code</i>	Up <input type="checkbox"/> Down <input type="checkbox"/> Apt # _____
Previous Address:		<i>Number</i>	<i>Street</i>	<i>City</i>	<i>Zip Code</i>	Up <input type="checkbox"/> Down <input type="checkbox"/> Apt # _____
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					
Military Status (active duty only): Branch of the Military _____ <input type="checkbox"/> Active Duty, Not Deployed <input type="checkbox"/> Active Duty, Deployed					
<i>Last Name</i>			<i>First Name</i>		
Name:					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 _____						
<i>Last Name</i>			<i>First Name</i>			
Name:					SSN:	
Address:		<i>Number</i>	<i>Street</i>	<i>City</i>	<i>Zip Code</i>	Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. # _____
Workplace:			Work Phone:			
Home Phone:		Cell Phone:		Email:		