BEREAN ACADEMY Student Contact Information

Student					Grade
Student		First Name		MI	Date of Birth
Address		City		State	Zip
Demont/Consuling Name			,		
Parent/Guardian Names: (Mother)	Last	First	(Father)	Last	First
Email Addresses:					
	Mother			Fath	er
Home Phone					
Mom Cell		N	om Work		
Dad Cell	Dad Work				
Emergency Contact:					
	Last	First		Rela	tionship to Student
Home Phone (Check one) Ok to pick-up stud	ent? 🗌 Yes 🔲	Cell Phone No			Work Phone
Emergency Contact:					
	Last	First		Rela	tionship to Student
Home Phone		Cell Phone			Work Phone
(Check one) Ok to pick-up stud	ent? 🗌 Yes 🔲	No			
	***	IMPORTA	NT***		
Please send a note with your chare unable to send a note, pleas			nt/guardian will	be picking u	p your child. If you
CPS will be called to pick-up y cannot be reached.	our child if the c	child is left on can	npus and the pare	ent/guardian	or emergency contacts
Parent/Guardian Signature				Date	