



# Mount Calvary Junior Academy

3111 East Wilder Avenue ■ Tampa, Florida 33610

Phone (813) 238-0433 ■ Fax (813) 231-0804

## STUDENT & PARENT/GUARDIAN INFORMATION SHEET

### STUDENT

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Sex  M  F

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Grade \_\_\_\_\_

Is student a baptized Seventh-day Adventist?  YES  NO If yes, what year was he/she baptized? \_\_\_\_\_

### MOTHER

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Number \_\_\_\_\_ Pager \_\_\_\_\_ Cell Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Membership \_\_\_\_\_

### FATHER

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Number \_\_\_\_\_ Pager \_\_\_\_\_ Cell Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Membership \_\_\_\_\_

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## PART 2

### EMERGENCY NUMBERS

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

