

13A

The Children's Store Front

An Independent School in Harlem

General Information Form

School Year 2006-2007

Student's Name: Last: _____ First: _____

Date of Birth: ___/___/___ Sex: M/F

Parent(s)/Guardian(s) Information:

MOTHER

Mother's Name: _____

Mother's Address: _____

Phone Numbers:

Hm. () _____

Wk. () _____

Cell () _____

Name of Employer: _____

FATHER

Father's Name's: _____

Father's Address: _____

Phone Numbers:

Hm. () _____

Wk () _____

Cell () _____

Name of Employer: _____

OTHER GUARDIAN-i.e. aunt/step-parent/grandparent

Relationship to Student: _____

Guardian's Address: _____

Name of Employer: _____

Phone Number:

Hm. () _____

Wk. () _____

Cell () _____

Emergency Contact Information

Name of Person: _____

Phone Number:

Hm. () _____

Wk. () _____

Relationship to Child: _____