



Student's Name: _____ D.O.B. ___/___/___

THE CHILDREN'S STOREFRONT

An Independent School in Harlem

General Information Form

School Year 2007-2008

Student's Last: _____ First: _____ Grade: _____

D.O.B.: ___/___/___ Sex: M/F

Sibling(s) at The Children's Storefront:

MOTHER

Name: Last: _____ First: _____

Address:

Street: _____

City: _____

State: _____ Zip Code: _____

E-mail Address: _____

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Phone Numbers:

Hm. () _____

Cell () _____

Wk. () _____

FATHER

Name: Last: _____ First: _____

Address:

Street: _____

City: _____

State: _____ Zip Code: _____

E-mail Address: _____

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Phone Numbers:

Hm. () _____

Cell () _____

Wk. () _____

OTHER GUARDIAN

Grandparent/Step-parent/Aunt:

Name: Last: _____ First: _____

Relationship to Student: _____

Address:

Street: _____

City: _____

State: _____ Zip Code: _____

E-mail Address: _____

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Phone Numbers:

Hm. () _____

Cell () _____

Wk.. () _____

Name of Employer: _____

EMERGENCY CONTACT INFORMATION

Name of Person: _____

Relationship to Child: _____

Phone Numbers:

() _____

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