

Contact Info

(Parent/Guardian to complete)

Student Name:	School District: MTV/L/Other
Grade: Birth	day:
Parent/Guardian 1: Primary Contact	
Name:	Relationship:
Email:	Phone:
Include in emails? YES / NO	Include in texts? YES / NO
Parent/Guardian 2: Primary Contact	
Name:	Relationship:
Email:	Phone:
Include in emails? YES / NO	Include in texts? YES / NO
Can we text your youth (general, appropria If yes, phone number: Things we should know about your studen	t: Ex: allergies, special needs, meds, etc.
Extracurricular activities: Please be specific – which sport(s), which instrument(s), etc.	
Please indicate below if your student has s	ocial media they'd like us to follow:
Platform(s): FB / Insta / TikTok / Other	

Username(s): _____