

OAKWOOD FRIENDS SCHOOL

COMPREHENSIVE UPDATE FORM

THIS FORM IS KEPT ON FILE TO FACILITATE OUR PROVIDING PARENTS AND STUDENTS WITH INFORMATION, AS WELL AS SERVING AS CONTACT INFORMATION IN THE CASE OF AN EMERGENCY. PLEASE FILL OUT COMPLETELY AND RETURN WITH YOUR CONTRACT TO: CAMISHA OATES, ACADEMIC PRGRAM ASSISTANT.

STUDENT INFORMATION:

STUDENT'S NAME _____ / _____ / _____
LAST FIRST MIDDLE

MALE FEMALE DATE OF BIRTH _____ SOCIAL SECURITY _____

BOARDING STATUS: 7-DAY 5-DAY DAY STUDENT

(if day student, please provide transportation information):

_____/_____/_____
home school district bus name driven by parent/other

MAILING INFORMATION:

PARENT ONE: NAME _____

STUDENT LIVES WITH yes no RECEIVE GRADE REPORTS yes no

MAILING ADDRESS _____
street, apt #, PO Box
city, state, zip code, country if not US

HOME PHONE _____ PARENT WORK _____ PARENT CELL _____

E-MAIL _____ PARENT OTHER _____

PARENT TWO: NAME _____

STUDENT LIVES WITH yes no RECEIVE GRADE REPORTS yes no

MAILING ADDRESS _____
street, apt #, PO Box
city, state, zip code, country if not US

HOME PHONE _____ PARENT WORK _____ PARENT CELL _____

E-MAIL _____ PARENT OTHER _____

EMERGENCY CONTACT (OTHER THAN ABOVE): NAME _____

MAILING ADDRESS _____
street, apt #, PO Box
city, state, zip code, country if not US

HOME PHONE _____ WORK _____ CELL _____

E-MAIL _____

SIGNATURE OF PARENT OR GUARDIAN

DATE _____