

INFORMATION SHEET

2018-2019



West Meadows Baptist Academy

Student's Name: _____ Birthday: ____/____/____

Student's Cell Phone #: _____ Text: Yes No

Student's Name: _____ Birthday: ____/____/____

Student's Cell Phone #: _____ Text: Yes No

Student's Name: _____ Birthday: ____/____/____

Student's Cell Phone #: _____ Text: Yes No

Student's Name: _____ Birthday: ____/____/____

Student's Cell Phone #: _____ Text: Yes No

Student's Name: _____ Birthday: ____/____/____

Student's Cell Phone #: _____ Text: Yes No

Parent/Guardian : _____ Email: _____

Address: _____ City: _____ Zip: _____

Emergency Contacts: (Please list in order you would like contacted; include parents)

Mother/Guardian: _____ # _____ Text: Yes No

Father/Guardian: _____ # _____ Text: Yes No

Other: _____ # _____ Text: Yes No

Other: _____ # _____ Text: Yes No

Other: _____ # _____ Text: Yes No