

WEST MEADOWS BAPTIST ACADEMY
INFORMATION SHEET
2017-2018

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

Student's SS#: ____/____/____ Phone: _____

Parent/Guardian : _____ Email: _____

Address: _____ City: _____ Zip: _____

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

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