

2) **Legal Parent/Guardian** Last Name: _____ First Name: _____

Relationship to student: Father Mother Legal Guardian

Cell: _____ - _____ - _____ Work: _____ - _____ - _____ Other: _____ - _____ - _____

Address if different from student's:

_____ City: _____ State: _____ Zip Code: _____

Mailing contact: yes no

Indicate if applicable: Military/Branch of Service: _____ or Works on Federal Gov't property?

School Aged Siblings (who attend Hawaii DOE Schools) in the Household:

Sibling Last Name: _____ First Name: _____

DOB: _____ Current Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____

DOB: _____ Current Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____

DOB: _____ Current Hawaii DOE School: _____

Sibling Last Name: _____ First Name: _____

DOB: _____ Current Hawaii DOE School: _____

EMERGENCY CONTACTS (Other than Parent/Legal Guardian)

1) Contact Last Name: _____ First Name: _____

Relationship to student: _____

Cell: _____ - _____ - _____ Work: _____ - _____ - _____ Other: _____ - _____ - _____

2) Contact Last Name: _____ First Name: _____

Relationship to student: _____

Cell: _____ - _____ - _____ Work: _____ - _____ - _____ Other: _____ - _____ - _____

3) Contact Last Name: _____ First Name: _____

Relationship to student: _____

Cell: _____ - _____ - _____ Work: _____ - _____ - _____ Other: _____ - _____ - _____

Other Change(please specify): _____

