

Classes at Town North
Parent-Student General Information Form
2020-2021 School Year

Today's Date: _____

Student Name:	Graduating this year? (if yes, indicate here)	DOB:	Grade level for 2020-21
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Mother's Name: _____ Cell # _____
Father's Name: _____ Cell # _____
Home Address: _____ City _____ Zip Code _____
Email: Parent _____
Email: Student 1.: _____ Cell # _____
Email: Student 2.: _____ Cell # _____
Email: Student 3.: _____ Cell # _____

Other contact info (e.g. home or work phone):

For the safety of the students we need to be able to identify cars parked in the parking lot.

Vehicle Make/Model _____ License Plate No. _____

Vehicle Make/Model _____ License Plate No. _____

Name of family doctor: _____

Doctor's phone number: _____ city _____

We would always try to notify a parent in case of emergency. However, if a parent can not be reached, would there be anyone else we should notify?

Name: _____ phone: _____

Does any child you have attending class at CATN have any physical, medical or emotional disorders that the teacher needs to be aware of?

I have read the Student, Parent and Teacher Responsibilities handbook and I accept and will abide by their contents.

Acceptance into the co-op is upon approval of The Classes at Town North.

Parent Signature: _____ Date: _____
(Typing your name and submitting it to The Classes at Town North is considered your electronic signature.)

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____