

PARADISE HONORS HIGH SCHOOL
12775 N. 175TH AVENUE, SURPRISE, AZ 85388
623-455-7400, FAX 623-975-4380 www.pecschools.org
SCHOOL YEAR 2015-2016 STUDENT UPDATE SHEET

Dear Parents/Legal Guardians,

At this time, we are asking you to complete this Student Information Update sheet. It is very important that we have the correct contact information on file in case of an emergency. Please use BLACK ink to complete.

STUDENT'S LEGAL NAME: _____
Last First Middle

STUDENT'S HOME STREET ADDRESS _____ CITY _____ AZ _____
ZIP CODE

STUDENT'S MAILING ADDRESS (P.O.BOX NO.) _____ CITY _____ AZ _____
ZIP CODE

EMAIL ADDRESS _____

FATHER'S NAME (FIRST, LAST) _____ EMPLOYER _____ WORK PHONE _____

MOTHER'S NAME (FIRST, LAST) _____ EMPLOYER _____ WORK PHONE _____

CELL PHONE HOME: () _____, Mom Dad Other _____
CELL PHONE HOME: () _____, Mom Dad Other _____
CELL PHONE HOME: () _____, Mom Dad Other _____
CELL PHONE HOME: () _____, Mom Dad Other _____

NAME OF PERSON TO CALL IN EMERGENCY OTHER THAN PARENT _____ PHONE: () _____
(CIRCLE ONE) Relative Neighbor Friend area code & phone number

ADDITIONAL PHONE INFORMATION: CONTACT _____ PHONE: () _____

ADDITIONAL PHONE INFORMATION: CONTACT _____ PHONE: () _____

ADDITIONAL PICKUP PERSON: _____ PHONE: () _____

ADDITIONAL PICKUP PERSON: _____ PHONE: () _____

OTHER HELPFUL INFORMATION: _____

ANY ALLERGIES? _____

ANY HEALTH PROBLEMS OR CONCERNS? _____

IF YOU WOULD LIKE TO ADD OR CHANGE OTHER STUDENT INFORMATION SUCH AS ADDITIONAL MEDICAL INFORMATION/CONCERNS, PLEASE REQUEST THE APPROPRIATE FORM FROM THE SCHOOL AND/OR NURSE'S OFFICE. THANK YOU.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ DATE: _____