

August 12, 2009

Student Verification Form
Apple Grove High School 1

2009-2010

Please returned with any changes indicated in red.

Student Information

| | | |
|--------------------------------------------------|--------------------------------------------|----------------------------------------|
| Name sample, sample sample | Grade 9 | Date of Birth 11/22/2003 |
| Home Street Address test, test test | Home City & Zip test test | Home Phone sample |
| Mailing Street Address test, test test | Mailing City & Zip test test | Alternate Phone TEST |
| Gender Female | Home Phone Unlisted? Yes | Alternate Phone Unlisted? No |

Health

| | | | | |
|--------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|------------------------------|-------------------------------|
| Preferred Hospital TEST | | | | |
| Preferred Hospital TEST OF HOW THIS WORKS WITH A BUNCH OF INFORMATION IN THE BOX | | | | |
| Medical Alerts, Allergies or Problems TEST OF HOW THIS WORKS | | | | |
| Physical Limitations TEST OF HOW THIS WORKS | | | | |
| Physician Name doctor name | | Physician Phone doctor phone | | |
| Dentist Name dentist name | | Dentist Phone dentist phone | | |
| Asthma Yes | Diabetes No | Vision Problem Yes | Hearing Problem No | Heart Condition Yes |

Contact 1

| | | |
|---------------------------------------|----------------------------------------|----------------------------------------|
| Name first1 last1 | Relationship Mother | Contact Priority 1 |
| Street Address street1 apt1 | City & Zip city1 zip1 | Home Phone phone1 |
| Cell Phone cell1 | Cell Phone 2 or Pager pager1 | Lives with Student? Yes |
| Employer employer1 | Work Phone work1 | Work Extension ext1 |
| Email Address email1 | | Receives Letter Mailing? Yes |

Contact 2

| | | |
|---------------------------------------|----------------------------------------|---------------------------------------|
| Name first2 last2 | Relationship Father | Contact Priority 2 |
| Street Address street2 apt2 | City & Zip city2 zip2 | Home Phone phone2 |
| Cell Phone cell2 | Cell Phone 2 or Pager pager2 | Lives with Student? Yes |
| Employer employer2 | Work Phone work2 | Work Extension extension2 |
| Email Address email2 | | Receives Letter Mailing? No |

Contact 3

| | | |
|---------------------------------------|----------------------------------------|---------------------------------------|
| Name first3 last3 | Relationship Aunt | Contact Priority 3 |
| Street Address street3 apt3 | City & Zip city3 zip3 | Home Phone phone3 |
| Cell Phone cell3 | Cell Phone 2 or Pager pager3 | Lives with Student? No |
| Employer employer3 | Work Phone work3 | Work Extension extension3 |
| Email Address email3 | | Receives Letter Mailing? No |

Contact 4

| | | |
|-----------------------------|-----------------------------------|---------------------------------------|
| Name .. | Relationship . | Contact Priority . |
| Street Address .. | City & Zip .. | Home Phone . |
| Cell Phone . | Cell Phone 2 or Pager . | Lives with Student? No |
| Employer . | Work Phone . | Work Extension . |
| Email Address . | | Receives Letter Mailing? No |

I certify that the information on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date