MERIDIAN SECONDARY STUDENT INFORMATION UPDATE 2024-2025

PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE

STUDENT FULL NAME		BIRTHDATE	SOCIAL SECURITY #
ADDRESS	PO BOX	TOWN	ZIP
Student Cell Phone			
CONTACT INFORMATIO	N IN CASE OF AN EMER	RGENCY, PLEASE CONTACT	FIRS
PARENT/GUARDIAN #1 I	INFORMATION	PARENT/GUARDIAN	#2 INFORMATION
NAME		NAME	
CELL #		CELL #	
HOME (LANDLINE) If no landline, the cell phone will b			ell phone will be used as home phon
WORK #		WORK #	
EMAIL		EMAIL	
EMPLOYER		EMPLOYER	
HOUSE ADDRESS (IF DIFFEREN	NT FROM ABOVE)	HOUSE ADDRESS (IF DIFF	ERENT FROM ABOVE)
DIVORCED	SEPARATED	IF DIVORCED/SEPARATED, LIVING WITH	
NEW SIBLING & BIRTHDATE EMERGENCY CONTACT PLEASE LIST ONE TO TWO COL	INFORMATION (PARENTS AND ACTS (IN ORDER OF PRIORITY) I	ARE THE FIRST TO BE CONTACTED IN THE EVENT WE CANNOT REACH THE PARE)) NT OR GUARDIAN.
NEW SIBLING & BIRTHDATE EMERGENCY CONTACT PLEASE LIST ONE TO TWO COI NAME	INFORMATION (PARENTS A NTACTS (IN ORDER OF PRIORITY) II PHONE NUMBER	ARE THE FIRST TO BE CONTACTED	D) ENT OR GUARDIAN. SCHOOL PICK UP
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NEW SIBLING & BIRTHDATE EMERGENCY CONTACT PLEASE LIST ONE TO TWO COI NAME 1	INFORMATION (PARENTS A NTACTS (IN ORDER OF PRIORITY) II PHONE NUMBER	ARE THE FIRST TO BE CONTACTED N THE EVENT WE CANNOT REACH THE PARE RELATION TO STUDENT	D) NT OR GUARDIAN. SCHOOL PICK UP
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EMERGENCY CONTACT PLEASE LIST ONE TO TWO COL NAME 1 HEALTH CONTACTS FAMILY PHYSICIAN, CITY, PHONE FAMILY DENTIST, CITY, PHONE	NE NUMBER	ARE THE FIRST TO BE CONTACTED N THE EVENT WE CANNOT REACH THE PARE RELATION TO STUDENT	O) ENT OR GUARDIAN. SCHOOL PICK UP Yes No Yes No
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DATE

PARENT/GUARDIAN SIGNATURE