



THE
CALVERTON
SCHOOL

RESIDENTIAL PROGRAM
Student Information Form (S.I.F.)

Accurate student information helps to ensure safety in the event of an emergency. The information contained in this form is not shared with anyone outside of The Calverton School and medical personnel.

STUDENT INFORMATION

Last Name	First Name	Middle Name	Preferred Name	Grade	D.O.B.

HOUSEHOLD ADDRESS AND TELEPHONE

Household Name	
Address Line 1	
Address Line 2	
City, State, Zip	
Home Phone	

E-MAIL COMMUNICATIONS

Please verify or enter your preferred family email address.

Preferred Family Email	
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PARENT 1 TELEPHONE AND E-MAIL INFORMATION

Parent 1 Name	
Prefer to be called	
E-mail Address	
Phone Type (i.e.: business, fax, mobile, home fax)	Phone Number
1.	
2.	
3.	
Employer Name	
Employer City and State	
Position	

PARENT 2 TELEPHONE AND E-MAIL INFORMATION

Parent 2 Name	
Prefer to be called	
E-mail Address	
Phone Type (i.e.: business, fax, mobile, home fax)	Phone Number
1.	
2.	
3.	
Employer	
Employer City and State	
Position	

