



# ALBERT THOMAS MIDDLE SCHOOL

## STUDENT DATA FORM

STUDENT'S NAME: \_\_\_\_\_  
Last Name First Name MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Street Number Street Name Apt# ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Street Number Street Name Apt# ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Please list any persons that have authorization to pickup your child. The person(s) must be at least 18 years of age and have driver's license or another photo identification.

Name (Last, First)	Relationship to Student	Telephone Number

**\*SIGNATURE \***

**\*DATE\***

\_\_\_\_\_

\_\_\_\_\_



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## STUDENT DATA FORM

Nombre del estudiante : \_\_\_\_\_  
Apellido legal del estudiante                      Primer nombre                      Segundo nombre

Fecha de inscripcion: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Grado: \_\_\_\_\_

Nombre de madre: \_\_\_\_\_  
Last Name                      First Name                      MI

Direccion: \_\_\_\_\_  
Numero                      nombre de la calle                      Apt#                      codigo

Numero de casa: (\_\_\_\_) \_\_\_\_\_                      Numero trabajo: (\_\_\_\_) \_\_\_\_\_

Celular Phone: (\_\_\_\_) \_\_\_\_\_

Nombre de padre: \_\_\_\_\_  
Last Name                      First Name                      MI

Direccion: \_\_\_\_\_  
Numero                      nombre de la calle                      Apt#                      codigo

Numero de casa: (\_\_\_\_) \_\_\_\_\_                      Numero trabajo: (\_\_\_\_) \_\_\_\_\_

Celular Phone: (\_\_\_\_) \_\_\_\_\_

Nombre (Last, First)	Relacion de estudiante	Numero de telefono

**\*Firma de Padre\***

**\*Fecha\***

\_\_\_\_\_

\_\_\_\_\_