

(For office use only) I.D. # _____

Card Issued _____ / _____ / _____

Personal Information Form

(Visitor Form - Visitor must be accompanied by a host)

Name: _____
(FIRST) (LAST) (M.I.)

Address: _____
(STREET) (CITY) (STATE)

Phone: () - Cell: () -

Date of Birth: / / Grade: _____

School: _____ Host: _____

Parent/Guardian: _____

Emergency Contact Person: _____

Relationship: _____ Phone #: () -

Any Medical Info we should know about: YES or NO

If YES, please list below: _____

FOR OFFICE USE ONLY

INITIALS

DATE SUSPENDED: _____ / _____ / _____

LENGTH SUSPENDED: _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

1 - YEAR SUSPENSION
