

# Summer JACKSONVILLE CENTRE OF THE ARTS Conservatory

**Student's Information**

Student's Full Legal Name: \_\_\_\_\_  
First Middle Last

Grade Level/Class for which student is enrolling \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City/St. Zip

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN#: \_\_\_\_\_

What School did student attend last school year? \_\_\_\_\_

Grades were: \_\_\_ Superior \_\_\_ Average \_\_\_ Below \_\_\_ Failing

**Parent /Guardian Information**

Who has legal custody? \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other

Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company/Business: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company/Business: \_\_\_\_\_

Authorized Persons to pick up child from school emergency or regular pick up:

\_\_\_\_\_  
 Name Phone Relationship

\_\_\_\_\_  
 Name Phone Relationship

\_\_\_\_\_  
 Signature of Parent/Guardian Date