



Student Emergency Information

High School

Please Print

WCCC Program: _____

Student Information

Name: _____
Last First MI (Name other than legal)

Address: _____
Street City State Zip

Phone: () _____ Alt. Phone: () _____

School	Grade	Program at WCCC	Gender	DOB	Student ID
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Parent/Guardian Information

Father's Name: _____ Employer: _____ Business Phone: _____
(Last, First, MI)

Mother's Name: _____ Employer: _____ Business Phone: _____
(Last, First, MI)

Step Parent/Guardian: _____ Employer: _____ Business Phone: _____
(Last, First, MI)

Living with: Both Parents _____ Father _____ Mother _____ Other (Specify): _____

Emergency Contact Information

Contact Name: _____
(Last, First, MI) (Relationship to student)

Phone: _____ Alt. Phone: () _____

Preferred Physician: _____ Phone: () _____

Preferred Hospital: _____

State diseases, medication, etc., that may affect your activities in class:

