## EDMUND BURKE ACADEMY 2024-2025 STUDENT INFORMATION FORM Karen H. Reeves

Please complete **all** of the following information. Write neatly and legibly.

Full legal n	ame:				
Ö	Last		First	Middle	
Name you	prefer to be ca	alled:			
Sports/Act	ivities:				
Birthdate: Month Day			Age:		
	Month	Day	Year		
Present Ad	ldress:		at:		
	Street o	r P.O. Box	City	Zip	
Medical Pr	oblems:				
	Si	tudent Sche	edule (Must complete	»!)	
HR	Class/HR Se		Room #	Teacher	
	T				
Period	(1st Semester)	Course T	Citle (2nd Semester)	Teacher	
Period 1					
Period					
2					
Period					
3					
Period					
4 Period					
5					
Period					
6					
Period					
7					
Name of Par	ent(s) or Guardi	an(s):			
			N		
				<i></i>	
Parents' E-m	naıl:			_	
Best Time to	Call:				

## PARENTAL CONTACT FORM

	DATE/Time	REASON FOR CALL	DISPOSITION
1			
2			
3			
4			
5			

**NOTES:**