



NEW BEGINNINGS

Life Preparatory Academy

Student Name Start Date _____ (First) _____ (Middle) _____ (Last) _____

Date Of Birth: _____ SS# _____ Last Grade _____

Street: _____ City _____

Zip Code _____ Last School Attended _____

Parent/Guardian: _____

Parent/Guardian Address _____

Home Phone _____ Work Phone _____

Email Address _____

Parent/Guardian (2): _____

Parent/Guardian Address _____

Home Phone _____ Work Phone _____

Email Address _____

Guardian cell # _____ Guardian (2) cell # _____

In case of emergency, and parent/ guardian cannot be contacted, please identify at least 2 people to

contact:

Name: _____ Relationship _____ Phone# _____

Name: _____ Relationship _____ Phone# _____

Legal Guardian/ Student Signature _____

In the case of medical emergency such as serious physical injury, transportation by school staff is authorized to the nearest medical facility.