

# Woodridge Local School District

## STUDENT INFORMATION

To be completed by parent/guardian.

Student's Name \_\_\_\_\_  
(Last) (First) (Initial)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

School \_\_\_\_\_

Birth Date \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

To be completed by parent/guardian.

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Father Works At \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mother Works At \_\_\_\_\_

Work Phone \_\_\_\_\_ Home  
Phone \_\_\_\_\_