



JOHN PAUL THE GREAT
ACADEMY

Update Contact Information

Primary Household

First Parent/Guardian Name

Second Parent/Guardian Name

Cell Phone

Home Phone

Cell Phone

Home Phone

E-mail

E-mail

Street Address

City

State

Zip

Secondary Household (if applicable)

First Parent/Guardian Name

Second Parent/Guardian Name

Cell Phone

Home Phone

Cell Phone

Home Phone

E-mail

E-mail

Street Address

City

State

Zip

Special Custodial Considerations *Please provide appropriate documents in support*

Additional Persons for Contact (Not Parents/Guardians)

Name

Email

Cell Phone

Check all you wish you receive:

Relationship to Student

Weekly Reminders

School Closures

Monthly Guardian

Any other information you wish to be communicated: _____



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ACADEMY

Update Contact Information

Additional Persons for Contact (Not Parents/Guardians) cont.

_____ Name	_____ Email	_____ Cell Phone
_____ Relationship to Student	Check all you wish you receive: <input type="checkbox"/> Weekly Reminders <input type="checkbox"/> School Closures <input type="checkbox"/> Monthly Guardian	
Any other information you wish to be communicated: _____		

Additional Persons for Contact (Not Parents/Guardians) cont.

_____ Name	_____ Email	_____ Cell Phone
_____ Relationship to Student	Check all you wish you receive: <input type="checkbox"/> Weekly Reminders <input type="checkbox"/> School Closures <input type="checkbox"/> Monthly Guardian	
Any other information you wish to be communicated: _____		

Additional Persons for Contact (Not Parents/Guardians) cont.

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