

Holly Hill Academy
Permanent Record Information

(Note: This information must be updated yearly.) Please make changes and return.

Student Name _____ Grade _____

Student's Social Security Number: _____

School Last Attended: _____

Place of Birth: _____ Date of Birth: _____

Student Lives with (Circle One): Both Parents Mother Father Guardian

Number of Brothers: _____ Ages: _____

Number of Sisters: _____ Ages: _____

Father's Full Name: _____ Occupation: _____

Business Address: _____ Business Phone: _____

Home Address: _____ Home Phone: _____

Father's E-mail Address: _____ Cell Phone: _____

Mother's Full Name: _____ Occupation: _____

Business Address: _____ Business Phone: _____

Home Address: _____ Home Phone: _____

Mother's E-mail Address: _____ Cell Phone: _____

Person(s) to be notified if parent/guardian cannot be reached in an emergency:

Student's Home Address: _____

Student's Cell Phone: _____

Any-special information we should have regarding this student:
