



# WARE ACADEMY GENERAL INFORMATION 2009 - 2010



**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_

**Name of Parent(s) or Guardian(s) with whom student resides:** [This information is used to compile the Ware Academy Directory. If you wish a non- or joint-custodial parent to appear in the directory, please provide complete address and telephone information below.]

**Mother:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address (non- or joint-custodial parent):** \_\_\_\_\_



If neither parent can be reached, the Department of Social Services **requires** the name, address and phone number of two persons ***in the area*** who may be called.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Relationship to the family: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Relationship to the family: \_\_\_\_\_



The Virginia Department of Social Services and Ware Academy **require** the following statement to be signed by a parent/guardian on behalf of each Ware Academy Student: **I have received, read and agreed to the policies set forth in the After Care Program Handbook.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date