



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