



# WARE ACADEMY GENERAL INFORMATION 2010 - 2011

PLEASE NOTE – A SEPARATE FORM MUST BE COMPLETED FOR EACH STUDENT

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

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

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

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

Family Email Address: \_\_\_\_\_

**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.]

Parent/Guardian #1: \_\_\_\_\_

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

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

Parent/Guardian #2: \_\_\_\_\_

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