



Green Mountain Performing Arts

Family/Student Contact Information 2018/2019

Student ('s) Last Name: _____

1st Student's Name _____ DOB _____ Grade _____

2nd Student's Name _____ DOB _____ Grade _____

3rd Student's Name _____ DOB _____ Grade _____

Family Mailing Address: _____

Family Home Phone: _____

Mother's Full Name _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

Father's Full Name _____

Father's Email: (only list if Father wants to receive all GMPA emails): _____

Father's Work Phone: _____ Father's Cell Phone: _____

Emergency Contact & Relationship (other than parents): _____

Is there anything else we need to know about your family or the students listed above?

Please complete if your child will be taking the bus from TBPS or CBMS to GMPA:

_____ will be taking the bus from TBPS CBMS on _____

Student Name

Circle One

Insert Day of Week

_____ I acknowledge that it is my responsibility to inform the school of this plan.

Your Initials

Please complete if your child requires extra care prior to or post class:

_____ will need extra care prior/post class on _____ at \$6/hour

Student Name

Circle all that apply

Insert Day of Week