

Cap Sante High School

Please provide the information below in order to enable us to communicate better with you and to assist in determining and planning learning activities with you.

Thank you!

Student Information:

Name:	Grade:	
	Birth Date:	
Street Address:		
City:	, WA	Zip Code:
Home Phone:	Work Phone:	
May we send text messages to your cell?	YES	NO
Who is your carrier?	Cell Phone:	
Place of Work:	Hours:	
Email Address:		

Parent/Guardian Information:

Name:		
Street Address:		
City:	, WA	Zip Code:
Home Phone:	Work Phone	
May we send text messages to your cell?	YES	NO
Who is your carrier?	Cell Phone:	
Email Address:		