



PERSONAL INFORMATION FORM 2024 - 2025

Please fill out the form below with all current information and return it to the office.

STUDENT NAME	<input type="text"/>	STUDENT GRADE	<input type="text"/>
ADDRESS	<input type="text"/>		
	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>
MOTHER'S NAME	<input type="text"/>	MOTHER'S CELL	<input type="text"/>
FATHER'S NAME	<input type="text"/>	FATHER'S CELL	<input type="text"/>

I Already Receive the Emergency Texts.

YES

NO

If not, please sign up at www.fbaofallon.org under the Parent Resource Tab. You will receive a confirmation text and will need to reply with "yes" to be enrolled.

HOME PHONE	<input type="text"/>					
MOTHER'S EMPLOYER	<input type="text"/>	WORK PHONE <input type="text"/>				
FATHER'S EMPLOYER	<input type="text"/>	WORK PHONE <input type="text"/>				
PRIMARY EMAIL	<input type="text"/>					
ACTIVE DUTY MILITARY/RESERVES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> NAVY	<input type="checkbox"/> ARMY	<input type="checkbox"/> GUARD
RETIRED DATE	<input type="text"/>	<input type="checkbox"/> MARINES	<input type="checkbox"/> COAST G.	<input type="checkbox"/> RESERVE		

Emergency contacts in case parent is unavailable (these are persons who you give permission to pick up your child in your absence - be sure to include cell/home phone information):

1. _____
2. _____
3. _____

PREFERRED HOSPITAL: _____

INSURANCE CARRIER & GROUP/POLICY #: _____

PARENT SIGNATURE

DATE