



PERSONAL INFORMATION FORM 2026 - 2027

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

STUDENT NAME			STUDENT GRADE	
ADDRESS				
	CITY		STATE	ZIP
MOTHER'S NAME			MOTHER'S CELL	
FATHER'S NAME			FATHER'S CELL	

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			
MOTHER'S EMPLOYER		WORK PHONE	
FATHER'S EMPLOYER		WORK PHONE	
PRIMARY EMAIL			
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="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