



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.fbafallon.org under the Parent Resource Tab. You will receive a confirmation text and will need to reply with "yes" to be enrolled.

HOME PHONE	WORK PHONE					
MOTHER'S EMPLOYER	WORK PHONE					
FATHER'S EMPLOYER						
PRIMARY EMAIL						
ACTIVE DUTY MILITARY/RESERVES	YES	NO	AIR FORCE	NAVY	ARMY	GUARD
RETIRED DATE				MARINES	COAST G.	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):

- _____
- _____
- _____

PREFERRED HOSPITAL: _____

INSURANCE CARRIER & GROUP/POLICY #: _____

PARENT SIGNATURE

DATE