



**Parent/Guardian Information**

Primary Family Email \_\_\_\_\_

Parent 1 Name (Primary Family Contact) \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone (with area code) \_\_\_\_\_

Parent 1 Cell \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_

**Emergency Contact Information** ( If parents cannot be reached...)

**First person to call** \_\_\_\_\_

Phone # (on Thurs) \_\_\_\_\_ Alternate # \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

**2<sup>nd</sup> person to call** \_\_\_\_\_

Phone # (on Thurs) \_\_\_\_\_ Alternate # \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Adult Background Information**

\*All adults connected to Harbor Homeschool Group who come on site regularly are required to have a background check through the State of Michigan ICHAT system.

Please fill out one *Adult Background Information* sheet for the adult who will regularly be on site.

The data below is required for ICHAT. We will contact you regarding ICHAT only if the background check results come back with any concerns.

**Adult Full Name**

\_\_\_\_\_

first middle last

**Full Legal Maiden Name (if applicable)**

\_\_\_\_\_

**Nicknames**

\_\_\_\_\_

**Other Past Full Legal Names**

\_\_\_\_\_

Gender  male  female

Birthdate \_\_\_\_\_

Race \_\_\_\_\_ (The State Police require these to complete the search)