

Atholton High School Drama Student & Family Information

(Please complete NEATLY & return. This information is for AHS Theatre use only)

Name (first & last) _____ grade 9 10 11 12 (circle)
____ male ____ female (**please mark one**) Today's Date _____
____ African American ____ Asian/Pacific Islander ____ Causasian
____ Hispanic/Latino ____ Native American ____ Other (**please mark one**)

Class _____ Teacher _____ Room # _____

per. 1 _____

per. 2 _____

per. 3 _____

per. 4 A _____

what lunch? A B C D

per. 4 B _____

what lunch? A B C D

per. 5 _____

per. 6 _____

Student's e-mail address _____

Student phone (h) _____ (w) _____ cell _____

Mother/guardian name _____

address _____

city _____ state _____ zip _____

phone (h) _____ (w) _____ pager/cell _____

other contact info _____

Mother's e-mail address _____

Father/ guardian name _____

address _____ (if different)

city _____ state _____ zip _____

phone (h) _____ (w) _____ pager/cell _____

other contact info _____

Father's e-mail address _____