

PEE DEE ACADEMY

PERSONAL DATA INFORMATION

STUDENT

(LAST) _____ (FIRST) _____ (MIDDLE) _____ (CALLED) _____

DATE OF BIRTH _____ SOCIAL SECURITY No. _____ - _____ - _____

GRADE ENTERING PDA _____ RACE _____ SEX _____

HOME ADDRESS _____

PHONE () _____

EMAIL ADDRESS () _____

LAST SCHOOL ATTENDED:

NAME OF SCHOOL _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

LAST DAY ENROLLED AT ABOVE SCHOOL _____
MONTH _____ DAY _____ YEAR _____

FATHER, STEPFATHER, GUARDIAN (CIRCLE) (NAME) _____

PLACE OF BIRTH _____ EDUCATION STATUS _____

RELIGION _____ OCCUPATION _____

MARITAL STATUS _____ CELL NUMBER _____

LIVING OR DEAD _____ DATE OF DEATH _____

MOTHER, STEPMOTHER, GUARDIAN (CIRCLE) (NAME) _____

PLACE OF BIRTH _____ EDUCATION STATUS _____

RELIGION _____ OCCUPATION _____

MARITAL STATUS _____ CELL NUMBER _____

LIVING OR DEAD _____ DATE OF DEATH _____

IN CASE OF AN EMERGENCY PLEASE LIST:

ANOTHER PERSON TO CONTACT _____ PHONE # _____

FAMILY DOCTOR _____ PHONE # _____

NUMBER OF BROTHERS AND SISTERS _____
LIST NAMES AND AGES _____