

**PASSAIC COUNTY TECHNICAL INSTITUTE
GUIDANCE DEPARTMENT**

PCTI Student ID#: _____

PUPIL INFORMATION SHEET

Please Print Clearly

STUDENT NAME _____

HOME ADDRESS: _____
 Street City State Zip

HOME TELEPHONE # _____ **DATE OF BIRTH:** _____

STUDENT LIVES WITH Both Parents Mother only Father only
 Other (Please specify) _____

MOTHER'S NAME: _____

WORK # _____ **CELL PHONE #** _____

MOTHER'S E-MAIL: _____

FATHER'S NAME: _____

WORK # _____ **CELL PHONE #** _____

FATHER'S E-MAIL: _____

IN CASE OF EMERGENCY, WHO SHOULD BE CONTACTED (*OTHER THAN A PARENT*):

1. Name _____ Tel. # _____

Relationship to student: _____

2. Name _____ Tel. # _____

Relationship to student: _____

3. Name _____ Tel. # _____

Relationship to student: _____

DOES ANYONE *OTHER THAN PARENT/GUARDIAN* HAVE PERMISSION TO PICK-UP STUDENT FROM SCHOOL? _____ IF YES, PLEASE SPECIFY:

NAME: _____ **TELEPHONE #** _____

Parent/Guardian Signature