



Alexandria City Public Schools

SATELLITE CAMPUS

STUDENT CONTACT INFORMATION FORM

STUDENT INFO:

Name _____ Grade _____ Date of Birth _____

Address _____ Apt _____

City _____ State _____ Zip _____

Telephone (home) _____ Telephone (cell) _____

Do you plan on graduating this school year? _____ YES _____ NO

Satellite School Counselor: **Mr. Samuel Morton**

Satellite Academic Adviser (if known): _____

PARENT/GUARDIAN INFO:

Parent/Guardian Name _____ Email _____

Address _____ Apt _____

City _____ State _____ Zip _____

(If address is the same, please write "same").

Phone (home) _____

Phone (cell) _____

Phone (work) _____

EMERGENCY INFO:

Emergency Contact Information (other than the parent/guardian listed above):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please list any known allergies: _____

EMPLOYMENT INFO:

Are you currently employed? _____ YES _____ NO

If yes, please specify where you are currently employed. _____

Employer phone number: _____

If yes, on average, how many hours to you work weekly? _____

SATELLITE SCHEDULE INFO:

Which session is your assigned session? (**This is determined/assigned via your adviser only**).

_____AM
(8:30AM-12:30 PM)

_____Mid-day
(10:45AM-3:15 PM)

_____FULL DAY
(8:30AM-3:15 PM)

Do you take classes at King Street Campus or Minnie Howard campus? _____ YES _____ NO

Please list class(es): _____

Do you participate in ACHS sports or do you plan to during this school year?

_____ YES _____ NO

Please list sport(s): _____

Do you participate ACHS activities? _____ YES _____ NO

Please list activities: _____

