

Personal Information Form

Complete this form **only if** we do not have your current information.
You can log into www.charmsoffice.com if you are unsure.

Student Name (F,M,L): _____

Address: _____

City, St, Zip: _____

Main Phone Number: _____ Cell: _____

E-mail (student): _____

Grade: ____ Sex: M F Birthdate: _____

Mother Contact

Father Contact

Name: Ms. Mrs. _____

Mr. _____

Phone: Work: _____

Work: _____

Home: _____

Home: _____

Cell: _____

Cell: _____

Check if address is same as above

Check if address is same as above

Address: _____

Address: _____

City: _____

City: _____

State: __ Zip: _____

State: __ Zip: _____

E-mail: _____

E-mail: _____