

EASTSIDE HIGH SCHOOL ATHLETIC DEPARTMENT

Information Form

Date Form Completed _____

(Please Print or Type)

NAME

First _____ Middle _____ Last _____

Goes By _____ **Home Phone Number** _____ Cell Phone # _____

ADDRESS

Street or Road _____ City _____ Zip Code _____

Is above address in Eastside HS attendance Zone (Circle) YES or NO

E-Mail Address @ Home _____

Year Entered 9th Grade _____ Year Entered Eastside _____ Graduation Class of 20__ __

DATE OF BIRTH

Day ____ Month ____ Year ____ City of Birth _____ State Of Birth _____

Birth Certificate Number _____ Social Security Number ____/____/____

Sex _____ Race _____

Father's Name _____ E-Mail Address _____

Place of Employment _____

Work Phone # _____ Cell Phone # _____

Mother's Name _____ E-Mail Address _____

Place of Employment _____

Work Phone # _____ Cell Phone # _____