



## Parent / Guardian Information #1

Please make sure that all information is filled in.

Last Name:		First Name:	
Cédula / ID #:		Nationality:	<input type="checkbox"/> CR
Contact Lang.	<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> USA <input type="checkbox"/> Other
Relationship:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other
<b>Employment</b>			
Company Name:			
Job Title / Position:			
<b>Contact Information:</b>			
Please fill in the boxes. Then select with a check mark the box of your preferred form of contact by the school.			
<input type="checkbox"/> Home #:	<input type="checkbox"/> Work #:	<input type="checkbox"/> Other #:	
<input type="checkbox"/> Cell #:	<input type="checkbox"/> Email		

Home Address:

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## Parent / Guardian Information #2

Please make sure that all information is filled in.

Last Name:		First Name:	
Cédula / ID #:		Nationality:	<input type="checkbox"/> CR
Contact Lang.	<input type="checkbox"/> English <input type="checkbox"/> Spanish		<input type="checkbox"/> USA <input type="checkbox"/> Other
Relationship:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other
<b>Employment</b>			
Company Name:			
Job Title / Position:			
<b>Contact Information:</b>			
Please fill in the boxes. Then select with a check mark the box of your preferred form of contact by the school.			
<input type="checkbox"/> Home #:	<input type="checkbox"/> Work #:	<input type="checkbox"/> Other #:	
<input type="checkbox"/> Cell #:	<input type="checkbox"/> Email		

Home Address:

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