REGISTRATION CARD **OTSEGO AREA OCCUPATIONAL CTR** HOME SCHOOL_____

FULL NAME _____GRADE_____
LAST FIRST MIDDLE

DATE_____ COURSE at OAOC_____AM____PM ____ BIRTHDATE _____

HOME **PHYSICAL (911)** ADDRESS_____ HOME PHONE _____
STREET

HOME **MAILING** ADDRESS_____
PO BOX CITY STATE ZIP

STUDENT CELL # _____ STUDENT E-MAIL_____

FATHER_____ PHONE# _____ CELL# _____

ADDRESS_____ E-MAIL _____
STREET CITY STATE ZIP

MOTHER_____ PHONE# _____ CELL# _____

ADDRESS_____E-MAIL _____
STREET CITY STATE ZIP

GUARDIAN_____PHONE #_____ADDRESS_____

FATHER EMPLOYMENT_____TELE #_____

MOTHER EMPLOYMENT_____TELE #_____

EMERGENCY CONTACT PERSON_____**TELE #**_____