

Emergency Contact Information in addition to the above listed name(s)

Name: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

Grandparent(s): _____

Name(s)	Names(s)
_____	_____
Address	Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____

Siblings:

Name	D.O.B.	School Attending
_____	_____	_____
Name	D.O.B.	School Attending
_____	_____	_____
Name	D.O.B.	School Attending
_____	_____	_____

MacDuffie Alumni Relatives:

Name	Relationship	Yrs. Attended
_____	_____	_____
Name	Relationship	Yrs. Attended
_____	_____	_____

Parent/Guardian Volunteer Interests:

Would you be willing to volunteer in any of the following areas (please check appropriate box(s))?

- Parents Association
- Buildings and Grounds
- Library
- Admissions
- Development
- Athletics

List any specific skills, talents, or interests you are willing to share with MacDuffie:

Completed by: _____ Date: _____
Name

Be sure to update the Guidance Office throughout the year of any changes.