



of the WESTERN RESERVE
Inspiring Learning Through Innovation

Educational Service Center of the Western Reserve

Latchkey

Student Information:

First Name _____ Middle Name _____ Last Name _____

Address: _____

D.O.B. _____ Age _____ Student lives with (circle): Mother Father Other (indicate) _____

Home School District: _____ Student ID # _____

Parent/Guardian Information:

Mother:

First Name _____ Last Name _____

Address: _____

Home Phone # _____ Cell Phone # _____ Work # _____ (Circle preferred #)

Email Address: _____ Preferred Method of Communication: _____

Preferred Time of Day to be reached: _____

Father:

First Name _____ Last Name _____

Address: _____

Home Phone # _____ Cell Phone # _____ Work # _____ (Circle preferred #)

Email Address: _____ Preferred Method of Communication: _____

Preferred Time of Day to be reached: _____