



The Graham Expeditionary Middle School Parent's Accumulative Record Report



Date: _____

Student's Legal Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Home Phone _____ Cell Phone _____ E-Mail _____

Last School Attended _____ Last Grade Completed _____

First or Native Language: English _____ Other _____

Please provide a copy of student's Birth Certificate the first year at The Graham School

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Mother's Name _____

Address (if different from student) _____

Home Phone (if different from student) _____ Cell Phone _____

E-Mail _____ Occupation _____

Company _____ Work Phone _____
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Father's Name _____

Address (if different from student) _____

Home Phone (if different from student) _____ Cell Phone _____

E-Mail _____ Occupation _____

Company _____ Work Phone _____
=====

Parents: Married ___ Divorced ___, parent with legal custody _____ (please provide proof of custody)

Separated ___ Mother Deceased ___ Father Deceased ___
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Legal Guardian's Name _____

Address (if different from student) _____

Home Phone (if different from student) _____ Cell Phone _____

E-Mail _____ Occupation _____

Company _____ Work Phone _____
=====

If parents are separated, both parents and/or guardians will be sent a copy of their student's grades unless we receive documentation requesting that this information should be withheld.

It is the parent's responsibility to notify the school if their address or phone number changes.