|  |  |
| --- | --- |
| G:\Bryant Logos-Letterhead\ABH swirl small.png | Kickin’ Cane Audition  |

# Student Information

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Alternate Phone: |  |

|  |  |
| --- | --- |
| Email |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date: |  |  |  |

|  |  |
| --- | --- |
| Parent/Guardian Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Alternate Phone: |  |
| Relationship: |  |

If you feel I should know any information that you are not comfortable with writing, please feel free to e-mail me at tparent@mcpss.com.

**Teacher Recommendation #1**

Comments

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher Signature |  | Date |  |

**Teacher Recommendation #2**

Comments

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher Signature |  | Date |  |

**\*\*\*PLEASE STAPLE 2020 1ST SEMESTER REPORT CARD TO THIS FORM\*\*\***