

Texas Academy of Mathematics and Science
Student Biographical and Emergency Contact Information

This form should be completed by the parent or legal guardian. It will only be used to keep our students and parents informed of important information from TAMS. **Please print all information.** *If your address or phone numbers change during the year please contact the Student Life Office at 940-565-3603 to update the information.*

IMPORTANT! Have your student log into my.unt.edu to obtain their **EUID and UNT ID numbers**. These identification numbers are very important for accessing and obtaining information throughout the year. You should write them down in a safe place or keep a copy of this form for your records.

EUID: _____ UNT ID: _____

Student Information

With whom does the student primarily reside? Both parents Mother Father Other _____

Date of Birth _____

*First Name _____ Preferred Name _____

*Last Name _____

*Address _____

City _____ State _____ Zip _____

E-mail address _____

*Home phone number _____ Cell phone number _____

* Indicates directory information. Do you want this information released? Yes No *If you answered "yes", the student's name and address may be released to anyone who requests this information through the Texas Open Records Act.*

Parent Information

Please check the appropriate box: Single Married Divorced Separated Widowed
 Please indicate if parents have joint custody. List which parent is the primary custodial and which is the secondary custodial, or if some one other than the parents has guardianship. Information such as grades, behavior and general information will be sent to the secondary custodial parent regarding the student.

- Yes; Please send information to the secondary custodial parent.
 No; Information should not be sent to the secondary custodial parent. *If no, the copy of the divorce decree must be provided showing that the secondary custodial parent is not entitled to the student's school records.*

Parent /Spouse/Household #1 Student primarily resides in this household (check only one box)
 Joint custody Primary Custodial Secondary Custodial Legal Guardian

Title: _____ First Name: _____ Relationship to student: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home phone number: _____ Cell phone number: _____

Work phone number: _____

Spouse

Title: _____ First Name: _____ Relationship to student: _____

Last Name: _____

E-Mail: _____

Work phone number: _____ Cell phone number: _____

Parent /Spouse/Household #2 Student primarily resides in this household (check only one box)
 Joint custody Primary Custodial Secondary Custodial Legal Guardian

Title: _____ First Name: _____ Relationship to student: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent /Spouse/Household #2 Continued Student Name: _____

E-mail: _____
Home phone number: _____ Cell phone number: _____
Work phone number: _____

Spouse

Title: _____ First Name: _____ Relationship to student: _____
Last Name: _____
E-Mail: _____
Work phone number: _____ Cell phone number: _____

Emergency Contact Information

In the event of an emergency, TAMS staff will rely on the following information to determine who to contact. Please remember to notify the Student Life Office if address or phone numbers change during the year so we can update this information. If parents travel often, be sure to list an alternate contact that lives in Texas.

PRIMARY CONTACT PERSON(S) IN AN EMERGENCY: Must be custodial parent(s)/legal guardian(s)

Person 1 _____ Relationship to student: _____
Person 2 _____ Relationship to student: _____
Address _____
City/State/Zip _____ Home phone number _____
Place a check mark beside the best daytime phone number.
 Work phone number of person #1 _____ Cell phone number of person #1 _____
 Work phone number of person #2 _____ Cell phone number of person #2 _____

ALTERNATE CONTACT PERSON(S) IN AN EMERGENCY: Person must live in Texas.

Person 1 _____ Relationship to student: _____
Person 2 _____ Relationship to student: _____
Address _____
City/State/Zip _____ Home phone number _____
Place a check mark beside the best daytime phone number.
 Work phone number of person #1 _____ Cell phone number of person #1 _____
 Work phone number of person #2 _____ Cell phone number of person #2 _____

ALTERNATE CONTACT PERSON(S) IN AN EMERGENCY

Person 1 _____ Relationship to student: _____
Person 2 _____ Relationship to student: _____
Address _____
City/State/Zip _____ Home phone number _____
Place a check mark beside the best daytime phone number.
 Work phone number of person #1 _____ Cell phone number of person #1 _____
 Work phone number of person #2 _____ Cell phone number of person #2 _____

I hereby swear that I am the parent or legal guardian of the above named student and the information is accurate to the best of my knowledge.

Signature _____

Date _____