



Contact Sheet

*Help us stay in touch!
Please provide as much information as possible.*

Parent(s) / Guardian(s)

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

School Contact / Other

Name and Title: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

How did you hear about Perkins? _____

Would you like to receive information about special news and events? _____

If yes, by e-mail, mail, or both? _____

Please return this form with the rest of your application packet.