



Butler Tech Online Student/Parent Information Form

Please Print

STUDENT INFORMATION

Given First Name:

Middle Name:

Last Name:

Prefers to be Called:

Gender: M F

Date of Birth:

Address, City, State, Zip:

Home Phone:

Cell Phone:

Grade in School: 9 10 11 12

Student E-Mail:

Are you on an IEP: Y N
(Individualized Education Plan)

Resident School:

Counselor:

Previous BTOL Student: Y N

Reason for Enrollment:

PARENT/GUARDIAN #1

Name:

Relationship to Student:

Address, City, State, Zip:

Home Phone:

Work Phone:

Cell Phone:

E-Mail Address:

PARENT/GUARDIAN #2

Name:

Relationship to Student:

Address, City, State, Zip:

Home Phone:

Work Phone:

Cell Phone:

E-Mail Address:

Student Lives With: #1 #2 Both

Custodial Parent(s): #1 #2 Both