

LISD Guard Application

Please Print

Student's Information

Student's Name: _____ Student ID# _____

Street Address: _____ City: _____ Zip: _____

Date of Birth (month/date/year): _____ Age: _____

Classification for the next year: _____

Home Phone: (_____) _____ Cell Phone (_____) _____

E-mail address: _____

Student's Doctor: _____ Doctor's Phone: (_____) _____

Are you allergic to any medications? _____ If so, please list: _____

Do you have any leadership experience? _____ If yes, explain?

Mother's Information

Mother's Name: _____

Street Address (if different): _____ City: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone (_____) _____

Work Phone: (_____) _____

E-mail address: _____

Father's Information

Father's Name: _____

Street Address (if different): _____ City: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone (_____) _____

Work Phone: (_____) _____

E-mail address: _____

Place **recent** photo of yourself

HERE