



# COMMONWEALTH-PARKVILLE SCHOOL

P.O. BOX 70177, SAN JUAN, PR 00936-8177

Tel. (787) 765-4411 Fax (787) 764-3809

Web Site: www.cpspr.org

## INFORMATION UPDATE 2012 2013

Student ID: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: P.R. Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: P.R. Zip Code: \_\_\_\_\_

Cell. Phone Mother: \_\_\_\_\_ Cell. Phone Father : \_\_\_\_\_

Preferred family E-Mail: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ **(Father)**  
(If CPS Alum, year: \_\_\_\_\_)

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ **(Mother)**  
(If CPS Alum, year: \_\_\_\_\_)

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_