



## Skyward Parent Information Worksheet

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*\*Denotes Required Information*

First Name*	
Last Name*	
Address 1*	
Address 2	
City*	
State*	
ZIP Code*	
Home Phone Number (with area code)*	
Work Phone Number (with area code)*	
Cell Phone Number (with area code)*	
Email Address*	

## Student Information

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First Name	Last Name	School	Grade Level K-12

Please email completed form to [parent\\_connect@ccscards.org](mailto:parent_connect@ccscards.org), or return to the Administrative Service Center, 401 Sauk River Drive, Coldwater, MI 49036, or fax to 517-279-7651.