

HAWAI'I NATIONAL GUARD YOUTH CHALLENGE ACADEMY

CUSTODY CONTACT FORM

Candidate Name: _____ DOB: _____

	FATHER/MALE GUARDIAN	MOTHER/FEMALE GUARDIAN
NAME		
ADDRESS		
CITY, STATE, ZIP CODE		
HOME PHONE		
WORK PHONE		
CELL PHONE		
EMAIL		
RELATIONSHIP		
CUSTODY STATUS		

****PLEASE SUBMIT ANY COURT CUSTODY PAPERWORK AS NEEDED (DIVORCE/CUSTODY)**

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
NAME		
ADDRESS		
CITY, STATE, ZIP CODE		
HOME PHONE		
WORK PHONE		
CELL PHONE		
EMAIL		
RELATIONSHIP		
Authorized to Transport (21 yrs of age or older)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

STATE JUDICIAL CONTACTS

	PROBATION OFFICER	SOCIAL WORKER
NAME		
DEPARTMENT		
TITLE		
OFFICE PHONE		
CELL PHONE		
EMAIL		

I have answered the questions truthfully and to the best of my knowledge. Any changes in status must be reported immediately to the Hawai'i National Guard Youth Challenge Academy "Admission Department."

Print Parent/Guardian: _____

Signature Parent/Guardian: _____ Date: _____

"This institution is an equal opportunity employer"