



# ATHLETIC LIFESTYLE MANAGEMENT ACADEMY

Lakewood High School  
1400 54th Ave South  
St. Petersburg, FL 33705  
(727)893-2916

## STUDENT INFORMATION

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade(entering): \_\_\_\_\_

Student Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

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

Parent(s) Name: \_\_\_\_\_

Address (If Different From Above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Parent E-mail Address: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Preferred Method Of Communication:

Student: Cell Phone ☐ E-mail ☐

Parent(s): Home Phone ☐ Cell Phone ☐ E-mail ☐

I understand that by signing below I am committing to the expectations of the ALMA academy and Lakewood High School.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date