

BUSINESS INFORMATION FORM SCHOOL YEAR 2026-2027

Please complete this form, providing information about the business interest(s) that your family owns. Note that there are multiple boxes provided to report multiple business interests. Please submit another Business Information Form, if you have more than two businesses.

Once, complete please have at least one parent sign this form and upload it through Self Service Banner.

Student's Information									
Student's Name									
Student's Name	Last Name First Na		First Name			Banner ID		Class Year	
Business 1									
Name of Business							ess Started		
						_		MM/DD/YYY	
Address of Business						State			
		Street A	Address	City/To	City/Township			Zip Code	
Who owns the property at this address?									
Monthly mortgage payment on the business									
Type of Business	Sole proprietor Corporatio			Partnership					
Describe principal product or service									
# of Employees		ist any family members mployed at the busines							
2024 Business Gross Receipts (Income)	\$			24 Business Expenses	\$				
Business 2									
Name of Business						Date Business	Date Business Started		
	MM/DD/YYY							MM/DD/YYY	
Address of Business	Charles Address City/Tayard					State		Zip Code	
Street Address City/Township State								Zip code	
Who owns the property at this address?									
Monthly mortgage payment on the business \$									
Type of Business	Sole proprietor Corporation Partnership Indicate Type								
Describe principal product or service									
# of Employees		List any family membe employed at the busin							
2024 Business Gross Receipts (Income)	\$	i	2024 E	Business Expenses	\$				
Certification and Signature: I certify that the information provided above is true and complete to the best of my knowledge.									
Student Signature	Signature Date								
Parent Signature					Da	ate			
Parent Signature					D:	nte .			