

# STUDENT INFORMATION SHEET

My name is \_\_\_\_\_

My birthday is \_\_\_\_\_

My home address is \_\_\_\_\_

Parent #1

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

Parent #2

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

Emergency Contact: NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ Phone # \_\_\_\_\_

ALLERGIES OR MEDICAL CHANGES

Please list the names of people who have permission to pick up your child/children: