

STUDENT INFORMATION SHEET

My name is _____

My birthday is _____

My home address is _____

Parent #1

CELL PHONE

NAME

HOME PHONE

Cell Phone
provider

EMAIL

WORK PHONE

Parent #2

CELL PHONE

NAME

HOME PHONE

Cell Phone
provider

EMAIL

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: