

Student Information

Student Name: _____ Birthdate: _____

Parent/Guardian Name: _____

Address: _____
Street Apt #

City State Zip

Student lives with: _____

Home Phone #: _____ Mobile Phone #: _____

E-mail address _____

Mother's Place of Employment: _____

Work Hours: _____ Work Phone #: _____

Father's Place of Employment: _____

Work Hours: _____ Work Phone #: _____

How will student get to and from school? _____

Who is authorized to pick up student (other than parents)? _____

Emergency contact: Name: _____

Relationship to student: _____

Home Phone #: _____

Additional Phone #s: _____

In which holiday activities does the student participate? _____

Does the student have any medical concerns or allergies that I need to be aware of?

We would like to give a phone list to our homeroom parent(s). Your signature below indicates that you are giving us permission to release your phone number and email address.

Parent Signature