

Student Information

Student's Full Name _____

My student prefers to be called: _____

Date of Birth: ____/____/____ Age ____

Address (house number, street) _____

Complex / Neighborhood: _____

Afternoon Transportation used: Car Rider Day Care _____

Bus # _____ Walked _____

Sibling Name _____ Grade _____ Teacher _____

Sibling Name _____ Grade _____ Teacher _____

Sibling Name _____ Grade _____ Teacher _____

Parent/Guardian _____ Parent/Guardian _____

Home Phone: (____) _____ Home Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

Employer: _____ Employer: _____

E-mail Address: _____@_____ E-mail Address: _____@_____

Preferred Communication: phone e-mail text (circle all that apply) Preferred Communication: phone e-mail text (circle all that apply)

In the event of an emergency, please contact:

1. Name _____ a. Name _____

Relation to Student _____ Relation to Student _____

Phone: (____) _____ Phone: (____) _____