

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: <small>phone e-mail text</small> _____ <small>(circle all that apply)</small>	Preferred Communication: <small>phone e-mail text</small> _____ <small>(circle all that apply)</small>

In the event of an emergency, please contact:

1. Name: _____	a. Name: _____
Relation to Student: _____	Relation to Student: _____
Phone: (____) _____	Phone: (____) _____