

student information

Student Name: _____ Nickname? _____

Birthday: _____ Any Allergies? _____

Home Phone: _____ Primary Address: _____

Parent Name: _____ Parent Cell: _____

Parent Name: _____ Parent Cell: _____

Preferred email address: _____

Please list a few days & times that would work best for you should I need to call you or schedule a conference _____

Emergency Contact Name: _____

Relationship to Student: _____ Phone number: _____



Transportation from school (please circle)

first day

Car _____ walk _____ Bus _____ daycare _____

Remainder of year

Car _____ walk _____ Bus _____ daycare _____
