

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 _____

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