

student information

Student Name: _____ Nickname: _____

Phone: _____ Address: _____

Birthday: _____ Any Allergies: _____

Parent Name: _____ Cell: _____

Parent Name: _____ Cell: _____

Who does the child live with? _____

Email: _____

Emergency Contact: _____

Relationship to Student: _____ Phone: _____

Transportation (from school (please check))

First Day:

car-rider bus _____ After school

Remainder of the Year:

car-rider bus _____ After school

Any other important information: