

STUDENT INFORMATION SHEET

Student Name:	Nickname	Birthday:	
Address:			
Mother's Name:	Father's Name:		
Cell Phone:	Cell Phone:		
Home Phone:	Home Phone:		
Work Phone:	Work Phone:		
Emergency Contact Name:			
Relationship:			
Cell Phone			
The student's allergies or medical needs			
Transportation from school (please circle!)			
First day:			
CAR	MOTORCYCLE	WALK	BUS
Remainder of year:			
CAR	MOTORCYCLE	WALK	BUS