

## STUDENT INFORMATION

Parent E-mail Address

Students Name

Grade

Student's Mailing Address

Student's Home Phone

First Contact (Parent or Guardian)

Relation to Student

First Contact Address

First Contact Home Phone

Place Bussiness

First Contact Work Phone

Second Contact (Parent or Guardian)

Relation to Student

Second Contact Address

Second Contact Home Phone

Place Bussiness

Second Contact Work Phone

### MEDICAL/EMERGENCY INFORMATION

Childs Doctor

Doctors Phone

Date last seen

Childs Dentist

Dentist Phone

Date last seen

Does your child have any health problem, illness, allergies, or disability the school should be aware of? Please explain:

Medications taken on a regular basis