



STUDENT INFORMATION



Student Name:		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		
Home Phone		
Work Phone		
The student's allergies or medical needs		
List the names of people who have permission to pick up you're your children		