



# Student Information



Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Emergency Number \_\_\_\_\_

Birthday \_\_\_\_\_ (please include year)  
Age \_\_\_\_\_

Parent or Guardian 1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Parent or Guardian 2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Parent or Guardian Work Phone \_\_\_\_\_  
Parent or Guardian E-mail \_\_\_\_\_  
Do you have access to internet at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Allergies/ Medical Concerns \_\_\_\_\_

What extra-curricular activities does your child participate in? \_\_\_\_\_  
\_\_\_\_\_

Enrolled siblings (include teachers) \_\_\_\_\_  
\_\_\_\_\_

## Transportation:

Bus number \_\_\_\_\_ Driver's Name \_\_\_\_\_ Walker \_\_\_\_\_ Parent Pick up \_\_\_\_\_  
AM \_\_\_\_\_  
PM \_\_\_\_\_

Is this for the 1st day only? yes \_\_\_\_\_ no \_\_\_\_\_  
Additional transportation information \_\_\_\_\_  
\_\_\_\_\_

Is there anything else I need to know? \_\_\_\_\_  
\_\_\_\_\_