

student information

Student Name _____ Nickname? _____

Birthdate _____ Any Allergies? _____

Home Phone _____ Primary Address _____

Parent Name _____ Parent Cell _____

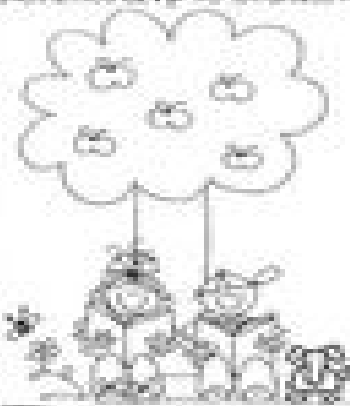
Parent Name _____ Parent Cell _____

Preferred email address _____

Please list a few days & times that would work best for you should I need to call you or schedule a conference _____

Emergency Contact Name _____

Relationship to Student _____ Phone number _____



Transportation from school (please circle)

first day

car _____ walk _____ bus _____ motorcycle _____

remainder of year

car _____ walk _____ bus _____ motorcycle _____

