

STUDENT INFORMATION

Parent E-Mail Address:

Student Name:

Student's Mailing Address:

Grade:

Student's Home Phone:

First Contact:

Relation to Student:

First Contact Address:

First Contact Home Phone:

Place of Business:

First Contact Work Phone:

First Contact:

Relation to Student:

First Contact Address:

First Contact Home Phone:

Place of Business:

First Contact Work Phone:

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

Childs Doctor:

Doctors Phone:

Date last seen:

Childs Dentist:

Dentist Phone:

Date last seen:

Medications taken on a regular basis (drug, dose, frequency):