

# student information

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Any Allergies: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation (from school (please check))

First Day:

car-rider     bus \_\_\_\_\_     After school

Remainder of the Year:

car-rider     bus \_\_\_\_\_     After school

Any other important information: