



# BACK TO SCHOOL

## Student Information



Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Family e-mail address: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

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

Allergies/Important Medical Information: \_\_\_\_\_

Morning Transportation:    Car    Bus

Afternoon Transportation: Car    Bus After School Program

Early Dismissal Days:        Car    Bus After School Program

Will your child go home differently on the first day?    NO    YES

If yes, please explain: \_\_\_\_\_

What types of books do you  
enjoy reading together?

---

---

---

---

Is there anything you would like  
me to know about your child?

---

---

---

---