



# Student Information

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Likes to be called: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_

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

Mother's contact info

Father's contact info

Parent Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

My child lives with: \_\_\_\_\_

Please list any siblings in other grades at the school:

Name

Grade

Teacher

<u>Name</u>	<u>Grade</u>	<u>Teacher</u>

Transportation Home: \_\_\_ Walk \_\_\_ Parent Pick-up \_\_\_ Bus Name \_\_\_ School Program  
\_\_\_ Other \_\_\_\_\_

Allergies (food/medical): \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Please notify me as soon as possible if changes occur to any of the above information.