

# Student Information

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

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

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

**Parent/Guardian Information:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

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

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

**Medical Information:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Emergency Contact Information:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

**Interests:** \_\_\_\_\_

**Extracurricular Activities:** \_\_\_\_\_

**Goals for the School Year:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_