



Student Information Sheet



Student Name:

Date:

Home Address:

Mother's Name:

Cell Phone:

Home Phone:

Email:

Work Phone:

Father's Name:

Cell Phone:

Home Phone:

Email:

Work Phone:

Emergency Contact Name:

Cell Phone:

Home Phone:

Relationship:

Work Phone:

Please list any allergies or medical changes that I need to be aware of:

Please list the names of people who have permission to pick up your child: