

Student Information Sheet Grades K-4

2024/2025

Please fill out attached sheet for every child in grade Kindergarten through 4th Grade and return to Mrs. Stiles as this is what we use daily for contact information. This information needs to be updated in our student database as well.

Student's full name:	
2024-2025 Grade:	
Preferred Name:	DOB:

Parent/Guardian 1:	Parent/Guardian 2:
Name:	Name:
Address:	Address:
Household Phone:	Household Phone:
Secondary Phone:	Secondary Phone:
Primary Email:	Primary Email:
Emergency Contact Person(s) if Parent/Guardian is not available or who has permission to pick up your child from school:	
Name:	Primary Phone:
Relationship to:	Secondary Phone:
Permission to pick up:	
Name:	Primary Phone:
Relationship to:	Secondary Phone:
Permission to pick up:	

Health Information

Does _____ have any health conditions (e.g., allergies such as bee stings, latex, poison ivy, etc.), chronic conditions, fears or special circumstances (e.g., religious convictions or legal arrangements) which may affect program participation or that we should know prior to emergency treatment?

() **NO** () **YES** – If Yes, please explain:

Does _____ have a special diet (e.g., vegetarian, no pork, gluten free, etc.)? () **NO** () **YES** – If Yes, please explain: _____

List any medications regularly taken at home or at school (including over-the-counter):

Does _____ carry an inhaler? () **NO** () **YES** Does _____ carry an epi-pen? () **NO** () **YES**

Other information or special circumstances the school should be aware of:
