



STUDENT INFORMATION FORM

Name: _____ Gender: Female Male Age: _____

Date of Birth: _____ Place of Birth: _____

Physical Address: _____

Mailing Address: _____

Mother's Name: _____ Father's Name: _____

Home Telephone: _____ Home Telephone: _____

Cellphone: _____ Cellphone: _____

Place of Work: _____ Place of Work: _____

Work Phone _____ Work Phone: _____

Students Lives with: Mother _____ Father _____ Both _____ Guardian _____

In case of emergency, contact _____

Relation to Student: _____ Phone Number: _____

Please indicate if your child has any special health conditions (for example: heart condition, diabetes, asthma, epilepsy, etc.) or allergy (food and/or medication). Also, indicate if the child is presently under any treatment, taking medication or has physical limitations.

Health condition: _____ Medical Limitations: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary in the best interest of my child.

Physician's name: _____ Phone Number: _____

Parent/Guardian's Signature: _____ Date: _____

