



## **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: \_\_\_\_\_

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

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

Place of Work: \_\_\_\_\_

Place of Work: \_\_\_\_\_

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

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

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

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

Live With (Please check one): Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Guardian \_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

*(Parents will be contacted first. Please list names other than parents)*

1. In case of emergency, contact \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. In case of emergency, contact \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Health Conditions: \_\_\_\_\_

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

Medical Limitations: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_