

Dear Parents and guardians,

Please fill out the form below and return it to the Enrichment teacher.

Student information:

Last name : _____ First name : _____

Date of birth : _____

Teacher's name : _____ Room : _____

Allergies :

Other medical information we need to know about him/her :

Parents/Guardians information :

1st guardian :

Last name : _____ First name : _____

Relation with the student : _____

Phone number #1: _____ Phone number #2: _____

Email : _____

2nd guardian :

Last name : _____ First name : _____

Relation with the student : _____

Phone number #1: _____ Phone number #2 _____

Email : _____

Signature : _____