

Student Information Sheet

Legal Last Name: _____ First: _____ Middle: _____ M F

Phone: _____ Birthdate: _____ Place of Birth: _____

Mailing Address: _____

Mother's Name: _____ Living With Student? Yes Not Home Phone: _____

Address: _____ Email: _____ Cell: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Living With Student? Yes Not Home Phone: _____

Address: _____ Email: _____ Cell: _____

Employer: _____ Work Phone: _____

Family Information: Siblings

Brother Sister Name: _____ Grade: _____ School: _____

Brother Sister Name: _____ Grade: _____ School: _____

Brother Sister Name: _____ Grade: _____ School: _____

Brother Sister Name: _____ Grade: _____ School: _____

Emergency Contact

#1 Name: _____ Relation to Student: _____

Phone: _____ Can Pick Up Child: Yes No

#2 Name: _____ Relation to Student: _____

Phone: _____ Can Pick Up Child: Yes No

Please list any others that you give permission to pick up your child from school:

Full Name: _____ Relation to Student: _____ Phone: _____

Full Name: _____ Relation to Student: _____ Phone: _____

Full Name: _____ Relation to Student: _____ Phone: _____

Parent Signature: _____ Date: _____