

STUDENT INFORMATION

Welcome to my class, I am excited for this year. Please fill out this form and return to me by _____

Name : _____

DOB : _____

Primary Address : _____

Secondary Address(if applicable) : _____

Student lives with : _____

Emergency Contact

Name & Relationship : _____ Phone: _____

Name & Relationship : _____ Phone: _____

Siblings

Grade

Teacher

School

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____