

# STUDENT INFORMATION

Student's Name

What they prefer to be called

Birthdate

## CONTACT INFORMATION

Parent/Guardian Name

Parent/Guardian Name

Relationship to student

Relationship to student

Phone Number

Phone Number

Best Time to Call

Best Time to Call

Email Address

Email Address

## EMERGENCY CONTACT

Contact Name

Contact Name

Relationship to student

Relationship to student

Phone Number

Phone Number

## HEALTH INFORMATION

Does your child have any health issues/concerns I should be aware of?

Medications:

Allergies: