

September is here!

Student Information Sheet

Please fill out this form with as much detail as possible.

Student Name: _____

Age: ____

Address: _____

Birthday: _____

Ethic Background: _____

Language Spoken at home: _____

1. Parent/Guardian

First Name (Mother): _____

Cell Phone Number: _____

Occupation and Telephone Number: _____

Email: _____

2. First Name (Father): _____

Cell Phone Number: _____

Occupation and Telephone Number: _____

Email: _____

Emergency Contact

Name: _____

Phone Number: _____

Siblings: (Name and Age): _____

Allergies or medical problems (please include food, animal, medicine, etc.)

What are your child's interests? _____

What are your child's dislikes? (Food, activities, etc.) _____

What are your child's fears? _____

Is there anything else that you would like me to know about your child? _____

Who will be picking your child up after school: (Please note that anyone who is not listed will not be authorized to pick them up unless a signed note from parent/guardian is sent to school. Please contact main office for emergency pickup arrangements). _____

Please sign below and return as soon as possible.

Parent/Guardian Signature _____