

Student Name: _____ Sex: ____ Birth date: _____ Grade: ____

Student email address: _____ Student cell phone #: _____

Home address: _____
(Street, City, Zip)

Father's/Guardian's name: _____ Home phone: _____

Address: _____ Cell phone: _____

Email address: _____

Place of work: _____ Work phone: _____

Mother's/Guardian's name: _____ Home phone: _____

Address: _____ Cell phone: _____

Email address: _____

Place of work: _____ Work phone: _____

Emergency Contact if parent cannot be reached:

1. _____ Phone: _____
2. _____ Phone: _____

Family Doctor: _____ Phone: _____

Child lives with (?) _____

Please list anything about your child's health that we should be especially aware of, for example:
diabetes, allergies (bee stings), seizure disorders, etc.: