

Student Information

Name: _____ # _____

Address: _____

Home Phone: _____ DOB: _____

Parent/Guardian Name:	Parent/Guardian Name:
Work Place:	Work Place:
Work Phone:	Work Phone:
Cell:	Cell:
Best time to contact:	Best time to contact:

Student Lives with: _____

Emergency Contact:

Name: _____ Phone number _____

Name: _____ Phone number _____

Siblings name, grade, teacher, school

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

Allergies/Medical concerns: _____

Does your child wear glasses? _____ When? _____

How will your child get home? Please choose only one choice below. Choose the transportation that your child will use unless you send a note.

____ Bus Rider # _____

____ Car Rider

____ Daycare: _____

____ Walker

How would you like to receive reminders/assignments?

____ email ____ text ____ both

Parents Email addresses: _____

Texting Phone Number: _____