

STUDENT INFORMATION FORM

Last Name _____ First Name _____ MI _____

Address _____

City _____ Zip Code _____

Home Phone # _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Work Phone (Mom) _____

Work Phone (Dad) _____

Physician Name _____ Physician # _____

Birthdate _____

Allergies _____

Email address _____

Can we share your address and phone number? (in our school wide directory)

Yes No (please circle one)

Can we share your email address (with your class only)

Yes No (please circle one)

For Office Use Only

Grade (3, Pre-K, Plus) _____ AM - PM _____ With Lunch _____

Teacher _____

MWF _____ T-Th _____ Five Day _____ Extended 2:00 _____