

Student Name: _____

Student Allergies: _____

Address: _____

Preferred time to contact: _____

Preferred method to contact (circle one): phone OR email

Date of Birth: ____/____/____

Parent/guardian info

	Name	Phone Number	Email Address
Mother:			
Father:			
Guardian:			

Emergency Contact Info

Name:	Address:	Phone:	Relation:
1.		()	
2.		()	

Additional Information:

Does the student have internet access at home (Circle one): Yes or No

If yes, do they have access via (Circle all that apply): Smartphone or Computer/laptop

Is there any additional information you would like for me to know about your child?
