



Student Information Form

Enrollment & Emergency Information

Student Information

Student name: _____ Grade: _____

Home address: _____

City State Zip code

Date of birth: _____ Gender (M/F): _____ Religion: _____

Email address: _____ Soc Sec #: _____

Home address: _____

City State Zip code

Parent Information

Mother's name: _____

Home phone: _____ Cell phone: _____

Email address: _____

Father's name: _____

Home phone: _____ Cell phone: _____

Email address: _____

Other Students at School

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Emergency Contacts

Contact name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

Contact name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

Contact name: _____ Relation to child: _____

Home phone: _____ Cell phone: _____

Medical Information

Physician: _____ Physician phone: _____

Allergies, chronic conditions, other health problems:

Please list any other information that may be helpful to the school:

Pickup Information

List of people authorized to pickup student from school

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Parent or Guardian

Date