

Student Information

Today's Date: _____

Student Name: _____

Parent Name: _____ Parent Cell: _____

Parent Name: _____ Parent Cell: _____

Alternative Number 1: _____

Alternative Number 2: _____

Primary Address: _____

Email Address:

Transportation from School (Circle One)

Car Walker Bus _____ Daycare Van _____

List any allergies:

Tell me something interesting about your child.

Write anything else I should know about your child.

Do you have access to the internet? Please circle one: YES NO