

Student Information Sheet



Last Name _____ First Name _____ Middle I _____

Age _____ Birthdate _____

Home Address _____

City _____ State _____ Zip Code _____

How child gets home _____

Child lives with _____

Mother's Name _____

Home # _____ Work # _____

Cell # _____ Email _____

Father's Name _____

Home # _____ Work # _____

Cell # _____ Email _____

Brother or Sisters attending this school

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

Do you have access to Internet at home? _____

Does your child wear glasses? _____

List any medical issues/concerns that I should be aware of...

Additional Concerns...

