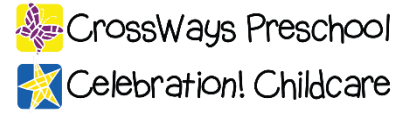


# Student & Family Information Form



## Student Information:

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Primary Language \_\_\_\_\_ Home Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ School District \_\_\_\_\_

## Family Information:

Mother/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address (list all) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Work Hours \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address (list all) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Work Hours \_\_\_\_\_

## Medical Information:

Physician \_\_\_\_\_ Hospital \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Date of last Physical \_\_\_\_\_

Medical Concerns/Allergies (please list) \_\_\_\_\_

## Alternate Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Permission to pick up child? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Permission to pick up child? Yes \_\_\_\_\_ No \_\_\_\_\_

OFFICE USE ONLY: ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_