

**STUDENT INFORMATION FORM**

Please print clearly

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Work Phone (Mom) \_\_\_\_\_

Work Phone (Dad) \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician # \_\_\_\_\_

Birthdate \_\_\_\_\_

Allergies \_\_\_\_\_

Email address \_\_\_\_\_

**For Office Use Only**

Grade ( 3, Pre-K, Gift )      AM      PM      9-2      With Lunch

MWF

T-TH

Five Day

Teacher \_\_\_\_\_