

# STUDENT INFORMATION

Student Name: \_\_\_\_\_  
 Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Age: \_\_\_\_  
 Address: \_\_\_\_\_

|                                                                     |  |  |  |  |                                                                     |  |  |  |  |
|---------------------------------------------------------------------|--|--|--|--|---------------------------------------------------------------------|--|--|--|--|
| Guardian Information                                                |  |  |  |  | Guardian Information                                                |  |  |  |  |
| Name:                                                               |  |  |  |  | Name:                                                               |  |  |  |  |
| Relationship to Student:                                            |  |  |  |  | Relationship to Student:                                            |  |  |  |  |
| Cell Phone:                                                         |  |  |  |  | Cell Phone:                                                         |  |  |  |  |
| Work Phone:                                                         |  |  |  |  | Work Phone:                                                         |  |  |  |  |
| Email:                                                              |  |  |  |  | Email:                                                              |  |  |  |  |
| The best method of contact: _____<br>phone<br>other: _____<br>email |  |  |  |  | The best method of contact: _____<br>phone<br>other: _____<br>email |  |  |  |  |

## Daily Schedule

| MONDAY |     | TUESDAY |     | WEDNESDAY |     | THURSDAY |     | FRIDAY |     |
|--------|-----|---------|-----|-----------|-----|----------|-----|--------|-----|
| IN     | OUT | IN      | OUT | IN        | OUT | IN       | OUT | IN     | OUT |
|        |     |         |     |           |     |          |     |        |     |
|        |     |         |     |           |     |          |     |        |     |

\_\_\_\_\_ Before School  
 (7:50 am School Begins) AM 4K 7:35 Arrival PM 4K 11:55 Arrival  
 \_\_\_\_\_ After School  
 (3:00 School Dismissal) AM 4K 10:55 dismissal PM 4K 3:00PM dismissal  
 \_\_\_\_\_ Both AM & PM

# ♦♦Medical♦♦

Is your child on MEDICATION? Yes / No

If yes, what medications are taken regularly: \_\_\_\_\_

Is your child ASMATIC? Yes / No

ALLERGIES (FOOD/MEDICAL): \_\_\_\_\_

PLEASE LIST ANY SIBLINGS at the school:

| NAME: | GRADE: | TEACHER: |
|-------|--------|----------|
| 1.    |        |          |
| 2.    |        |          |
| 3.    |        |          |
| 4.    |        |          |

# ♦♦EMERGENCY CONTACTS♦♦

| NAME: | RELATIONSHIP to STUDENT: | CELL PHONE: | WORK PHONE: |
|-------|--------------------------|-------------|-------------|
| 1.    |                          |             |             |
| 2.    |                          |             |             |
| 3.    |                          |             |             |

Other comments:

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