



**Student(s) Information:**

Student(s): \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Preferred email \_\_\_\_\_

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

Father's work phone \_\_\_\_\_ Father's cell phone \_\_\_\_\_

Mother's work phone \_\_\_\_\_ Mother's cell phone \_\_\_\_\_

Other adults authorized to pick up student: \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Medication(s) \_\_\_\_\_

Physician & Phone Number \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date