

**Student Information Sheet 2017 - 2018**

Child's Name: \_\_\_\_\_ ( M or F ) (Circle one)  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade 2017-2018 School Year \_\_\_\_\_

Parent's names \_\_\_\_\_  
Address: \_\_\_\_\_ City, Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_  
Mother's Work Number \_\_\_\_\_ Father's Work Number \_\_\_\_\_  
Mother's Cell Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Child lives with (circle all that applies): Mother, Father, Stepmother, Stepfather,  
Grandparent(s), Guardian, Brother, Sister, Other: \_\_\_\_\_

Are you active in a church, synagogue, mosque, or temple? Please name \_\_\_\_\_

**Emergency Contact (Other than Parents)**

1) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
2) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Others Authorized to Pick-up Your Child:**

1) \_\_\_\_\_ Phone \_\_\_\_\_  
2) \_\_\_\_\_ Phone \_\_\_\_\_  
**Pediatrician:** \_\_\_\_\_ Phone Number \_\_\_\_\_

**Allergies or Medical Concerns or conditions:** \_\_\_\_\_  
\_\_\_\_\_

**Medication (list all) Dosage Frequency**

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_