



STUDENT INFORMATION SHEET

Student's Name: _____ DOB: _____ / _____ / _____

Address: _____

City: _____ State: _____ ZIP: _____

Mother's Name: _____

Wk. No.: _____ Cell No.: _____

E-mail: _____

Father's Name: _____

Wk. No.: _____ Cell No.: _____

E-mail: _____

EMERGENCY CONTACT FORM

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relationship to student: _____

APPROVED PICK-UP LIST

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____