SANDILANDS PRIMARY SCHOOL

STUDENT INFORMATION SHEET

STUDENT'S NAME: _____ _____ _____

FIRST MIDDLE LAST

GRADE: _____ TEACHER: _____

STUDENT'S DATE OF BIRTH: _____ _____ _____

DAY MONTH YEAR

CHILD'S ADDRESS: _____ _____ _____

House/Apt. # STREET COMMUNITY/DISTRICT NAME

PARENT/GUARDIAN NAMES: _____ _____

(MOTHER) (FATHER)

PARENTS' ADDRESS: _____ _____ _____

House/Apt. # STREET COMMUNITY/DISTRICT

EMAIL ADDRESS: _____ @ _____ . _____

PHONE CONTACT: _____ _____

(MOTHER) (FATHER)

(PLEASE SUPPLY MORE THAN ONE PHONE CONTACT)

NATIONAL INSURANCE NUMBER: (NIB): ___ ___ ___ ___ ___ ___ ___ ___ ___

(***Put an X in one of the boxes below)***

Does your child have a device? ____ YES NO ____

Does your child have the workbooks? ____ YES NO ____

Does your child have all the school supplies? ____ YES NO ____

Prepared By: Mrs. W. Rolle