Student Information Sheet

Student's Name: _____Age: _____ Male/Female:_____

Birthdate: _____ Address: _____

Guardian's name(s): _____ Religion: _____

Relationship to student: _____ Telephone: _____

Family Email: _____ Best way to contact you: _____

Emergency Contact Name: _____ Telephone: _____

Mother's Name: _____ Workplace: _____

Father's Name: _____ Workplace: _____

Medical Issues/Allergies/Medication:

_____

Academic Challenges: _____

Does your child have a device? _____

What kind of device is your child using? _____

Do you have any issues with the internet? _____

Names of any relatives attending the school and grade they are in.

_____

Date: _____