

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 _____