STUDENT INFORMATION CARD

Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip:_____

Mother: _____ Cell#: _____

Father: _____ Cell#: _____

Email Address: _____

Emergency Contact Name & #: _____

Medical Concerns: _____

Afternoon Transportation _____

Siblings/Teacher's Names _____

Other useful information: _____