

SANDILANDS PRIMARY SCHOOL

STUDENT INFORMATION SHEET

STUDENT'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_  
DAY MONTH YEAR

PARENT/GUARDIAN NAMES: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

PHONE CONTACT: \_\_\_\_\_

(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 \_\_\_\_\_