



2020-2021 Information Sheet

Please fill out a form for each student.

Student Information:

First Name: _____ Middle Name: _____ Last Name: _____

Nickname: _____ Grade: _____

DOB	SS#	Student Email	Cell Phone#	Home Phone#
Mailing Address:				

Parent Information:

Item:	Father	Mother	Guardian/Responsible Party
Name			
Mailing Address			
Cell #			
Home #			
Email address			
Place of Employment			
Work #			
Financial Responsibility	Yes No	Yes No	Yes No
Parent's Web	Yes No	Yes No	Yes No

Emergency Contacts:

Name	Relationship	Cell #	Home #	Work #

Please use this space to provide any additional information regarding student.

Known Allergies:
Other information: