

Student Information Card



Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Daytime phone \_\_\_\_\_

Father's name: \_\_\_\_\_ Daytime phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Information/Allergies: \_\_\_\_\_

Comments: \_\_\_\_\_

Transportation to and from school: \_\_\_\_\_ Walk \_\_\_\_\_ Bus (# \_\_\_\_\_ ) \_\_\_\_\_ Car  
\_\_\_\_\_ After School Program

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