

Student Information Sheet

Student Name: _____ Nickname: _____

Birthday: _____

Parent/Guardian

Parent/Guardian

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Best way to contact you?
Phone/Email

Best way to contact you?
Phone/Email

Transportation Home After School: (Please Circle)

Car Walker Bus Daycare Other: _____

Please list any allergies or health concerns:

What is a goal you have for your child this year?:

Is there any other information you would like me to know?:
