



Student Information



Student's Name: _____

Birth Date: _____

Mother's Name: _____

Emergency Number: _____

Father's Name: _____

Emergency Number: _____

How This Child Gets Home:

- Bus _____
- Parent Pick-Up _____
- Daycare _____
- Walks Home _____

Medical Concerns: _____

Favorite Things / Hobbies: _____

Other Important Information: _____

