

STUDENT INFORMATION SHEET

Student Name: _____ **Grade:** _____

Address: _____ **DOB:** _____

Person we will call FIRST in case of emergency:

Name: _____ Relation: _____

Residence: _____ Home Phone: _____

_____ Cell Phone: _____

Mailing Address: _____ Email: _____

Person we will call SECOND in case of emergency: (called in the event the first contact cannot be reached.)

Name: _____ Relation: _____

Residence: _____ Home Phone: _____

_____ Cell Phone: _____

Mailing Address: _____ Email: _____

(One additional contact MUST be listed below.)

1st Additional emergency contact: (called in the event the above contacts cannot be reached.)

Name: _____ Relation: _____

Phone Number: _____

Allowed to pick up my child? Please circle one: Yes or No

2nd Additional emergency contact: (called in the event the above contacts cannot be reached.)

Name: _____ Relation: _____

Phone Number: _____

Allowed to pick up my child? Please circle one: Yes or No

3rd Additional emergency contact: (called in the event the above contacts cannot be reached.)

Name: _____ Relation: _____

Phone Number: _____

Allowed to pick up my child? Please circle one: Yes or No

Parent/Guardian Signature: _____ **Date:** _____