

# Student Information Sheet

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

Guardian(s):

Name: _____	Name: _____
Relationship _____	Relationship _____
Phone Number _____	Phone Number _____
_____	_____
Email Address _____	Email Address _____
Is the Student living with this guardian? Y/N	Is the Student living with this guardian? Y/N

Contact During School: \_\_\_\_\_  
Name Relationship

Phone Number \_\_\_\_\_  
Cell Work/Home

Student Address

\_\_\_\_\_ Street Apt.#  
City State Zip

Student Allergies: \_\_\_\_\_

Student Medical Condition: \_\_\_\_\_

After school Activities: \_\_\_\_\_

## Transportation

Car Rider  Bus Rider  Walker  After-School Care  Other \_\_\_\_\_

Anything else I should know \_\_\_\_\_