

Grades 6 – 12 Student Information Sheet
(Please Print)

Student Name: _____, _____, _____
Last First Middle
_____, _____, Male _____ Female _____
Name to be called Grade

Address: _____
Street City Zip

Student lives with (circle one) Mother Father Both Home Phone: _____

Father's Name: _____

Address: _____
Street City Zip

Home Phone: _____ Cell: _____ Work: _____

Father's email: _____

Mother's Name: _____

Address: _____
Street City Zip

Home Phone: _____ Cell: _____ Work: _____

Mother's email _____

Guardian's Name (**if needed**): _____

Home Phone: _____ Cell: _____ Work: _____

Student Medical Problems (explain): _____

Person to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

_____ Phone: _____

People other than parents who will pick up or check out student are:

