

Student Information

Student Name: _____

Address: _____

Home Phone Number: _____

With whom does the child reside?

Mother's Name: _____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

Father's Name: _____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

- Does your child have any siblings? (If any are at our school, please put down the teacher the sibling has in parenthesis.)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

- How will your child get home in the afternoon? (Circle all that apply)

Walk

Bike

Parent

Bus

Thank you for taking the time to fill this form out. If there is anything else you would like me to know about your child, please use the bottom of this form.