



STUDENT DATA SHEET

School Year: _____

CONTACT INFORMATION

ROOM: _____

Child's Name: _____ Date of Birth: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Parent to Contact First: _____ Phone: _____

HEALTH INFORMATION

Allergies: _____ Documents attached: _____

Physician's Name: _____ Phone Number: _____

Hospital Name: _____ Phone Number: _____

EMERGENCY INFORMATION (Other than parents)

Emergency Contact Name: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Email: _____

AUTHORIZED PERSONS TO PICK-UP (Other than parents)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Parent/Guardian Signature

Date