

Student Information Card

Date _____

Last Name	First Name	M <input type="checkbox"/> F <input type="checkbox"/>	DOB	Cell Phone
Mother or Guardian	Home Address	Zip	Home Phone	
Business	Business Address	Business phone		
Email address				
Father or Guardian	Home Address	Zip	Home phone	
Business	Business Address	phone		
Email address				
If the school cannot contact parent, name a friend or relative who may be called upon if the child is ill. You may also name a Doctor the school may call.				
Friend or Relative	Address	Phone		
Doctor	Address	Phone		
If none of the above can be contacted, what do you wish the school to do if the child is sick or injured?				
Although the above recommendation of the parent will be respected as far as possible, I understand the final disposition of an emergency case the judgement of the school authorities will prevail. Any time the above information must be changed, I will notify the Program Director.				
Parent/Guardian Signature				

The following people have permission to pick my child up from school

Name	Relationship	Phone