

Student Information

Student's name:
(last, first)

Nickname:
(if preferred to be used)

Birthdate:
(month/day/year)

List any allergies/information we
need to know about your child:

Parent/legal guardian:
(name/phone/email)

Other authorized persons to
pick up your child from class:

Do you give permission for your
child to be photographed for
display and/or publications?

___ I do

___ I do not

Date:

Information given by:
(name of adult/relationship)

Mailing address:

Additional information: