



# STUDENT INFORMATION FORM 2021-2022

STUDENT NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone (please indicate which number to use first, second, etc.)

Home phone #: \_\_\_\_\_ Mother's/Guardian's phone #: \_\_\_\_\_

Other phone #: \_\_\_\_\_ Father's/Guardian's phone #: \_\_\_\_\_

Please list who may pick up your child from school other than parents/guardians. We will require that these contacts show us a picture ID when they pick up your child.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

### HEALTH INFORMATION:

Does your child have any of the following:

ALLERGIES: (i.e. food, medication, bees, other) \_\_\_\_\_

Eyeglasses: \_\_\_\_\_ Hearing Aids: \_\_\_\_\_ Asthma: \_\_\_\_\_ Seizures: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Other: \_\_\_\_\_

Please list any HEALTH CONCERNS and restrictions related to your child:

Health Concerns	Restrictions	Additional Info For School Staff

Please list any MEDICATIONS your child receives at HOME or to be taken at SCHOOL:

NOTE: Any medication to be administered at school requires a Medication Administration Form that is signed from your child's physician and a parent/guardian.

Medications	Who Administers	Additional Info For School Staff

Please list any other concerns you have/information you would like us to know about your child: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_