

Student Information Card



Student Name: _____

Student Address: _____

Birthdate: _____ Home phone: _____

Mother's name: _____ Daytime phone _____

Father's name: _____ Daytime phone _____

Emergency Contact: _____ Phone: _____

Medical Information/Allergies: _____

Comments: _____

Transportation to and from school: _____ Walk _____ Bus (# _____) _____ Car
_____ After School Program

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