

Student Information Sheet

Student Name: _____

Address: _____

Birth Date: _____ Age: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Mother's Full Name: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

Father's Full Name: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email: _____

With whom do you live? Mother _____ Father _____ Both _____ (check one)

Who should be contacted in case of an emergency?

Name: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Relationship: _____

Any Medical Issues we should be aware of _____

Sending High School: _____ Junior _____ Senior _____

Counselor Name: _____

Phone number: _____

Dean Name: _____

Phone Number: _____