

STUDENT INFORMATION PROFILE

This form is to be filled out by the student's parent or guardian. Please use an ink pen.

STUDENT'S NAME: _____

DATE OF BIRTH: _____
(MONTH, DAY, AND YEAR, PLEASE)

SOCIAL SECURITY NUMBER (OPTIONAL): _____

MEDICAL CONDITIONS/ALLERGIES: _____

STUDENT CELL PHONE: _____

MAILING ADDRESS: _____
(PO BOX, CITY, STATE, AND ZIP)

PHYSICAL ADDRESS: _____
(HOUSE, TRAILER OR APARTMENT NUMBER, STREET, CITY, AND ZIP)

FATHER/MALE GUARDIAN INFO

MOTHER/FEMALE GUARDIAN INFO

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

HOME PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

EMAIL: _____

EMAIL: _____

PLEASE LIST FIVE PEOPLE WE CAN CONTACT IF AN EMERGENCY ARISES AND WE CANNOT REACH THE PARENTS OR GUARDIANS.

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

3. NAME: _____ PHONE: _____

4. NAME: _____ PHONE: _____

5. NAME: _____ PHONE: _____

(TURN OVER)