



**Student's Information**

Student's Name: \_\_\_\_\_  
Last First Middle Suffix  
Preferred Name: \_\_\_\_\_ Title \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ SSN: \_\_\_\_\_  
Race: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Primary Family Information**

Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City State ZIPCode County  
Home Phone 1: \_\_\_\_\_  Listed Home Phone 2: \_\_\_\_\_  Listed

**Father's Information**

Father's Name: \_\_\_\_\_  
Last First Middle Suffix  
Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Business Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_ Business Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_  
Business E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_  
Emergency Contact:   
Allowed to pick up child:

**Mother's Information**

Mother's Name: \_\_\_\_\_  
Last First Middle Suffix  
Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Business Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_ Business Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_  
Business E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_  
Emergency Contact:   
Allowed to pick up child:

**Emergency Contacts (Emergency Contacts other than Parents)**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Medical Contacts**

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Pickup Information (People Authorized to pickup children from school)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License: \_\_\_\_\_

Tag: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License: \_\_\_\_\_

Tag: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License: \_\_\_\_\_

Tag: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_