

Student Profile

Student Information

Student's Name _____

Age ____ Date of Birth _____ Grade ____ SS # _____

Parent Name (s) _____

Home Address _____

City _____ State ____ Zip code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Fax _____

E-mail Address _____

Emergency Contact _____

Relationship _____

Phone _____ Alternate Phone _____

Guardian or Second Parent Information (if applicable)

Name _____

Relationship to student _____

Address _____

City _____ State ____ Zip code _____

Home phone _____ Cell phone _____

Work phone _____ Fax _____

E-Mail Address _____

Student Medical Information

Doctor's Name _____

Office address _____

City _____ State _____ Zip code _____

Office phone _____ Fax _____

Does the student currently have any disorder, condition, or chronic illness?

Yes No

If yes, please specify _____

Is the student currently or regularly taking any medication prescribed or provided by a medical professional? Yes No

If yes, please specify _____
