Student Information Sheet

CHILD'S NAME:_____   AGE:_____

SCHOOL: _____   BIRTHDAY:_____

TEACHER'S NAME:_____   GRADE:_____

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MOTHER'S NAME:_____   (HOME#):_____

HOME ADDRESS:_____   (CELL#):_____

            _____   (EMAIL):_____

EMPLOYER:_____

WORK ADDRESS:_____   (WORK#):_____

            _____

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FATHER'S NAME:_____   (HOME#):_____

HOME ADDRESS:_____   (CELL#):_____

            _____   (EMAIL):_____

EMPLOYER:_____

WORK ADDRESS:_____   (WORK#):_____

            _____

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MED INSURANCE PROVIDER: _____   INS #:_____

PHYSICIAN NAME:_____   PHYSICIAN #:_____

MEDICAL CONDITIONS:_____

ALLERGIES:_____

TREATMENT NEEDED:_____

I.E.P.   (YES) (NO) PLS DESCRIBE:_____