

Student Information

Student Details

- Full Name: _____
- Preferred Name: _____
- Date of Birth: _____

Contact Information:

- Parent/Guardian Name: _____
- Parent/Guardian Phone Number: _____
- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____
- Parent/Guardian Email Address: _____

Allergies/Medical Concerns:

- Does the student have any allergies? If yes, please specify:
 - Food allergies:

 - Environmental allergies:

- Any medical conditions or concerns? _____

Picture Permissions:

- We occasionally take photographs and videos of our students during school activities. Please indicate your preference:
 - I give permission for my child's photo/video to be used for promotional materials, website, and social media.
 - I do not give permission for my child's photo/video to be used for promotional materials, website, and social media.

Parental Involvement/Volunteering:

I am interested in volunteering or participating in school events and activities. Please contact me with opportunities.

Signature:

By signing below, I confirm that the information provided is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date:
