



STUDENT CONTACT INFORMATION

Name of Student: _____

Cell #: _____ Age/Grade: _____

Names of Parents: _____

Cell #: _____ Home phone #: _____

Home address: _____

Email address: _____

Medical conditions: _____

Allergies/Concerns: _____

Medications: _____

Special interests: _____

Emergency Contacts: _____

Permission to use photos: YES NO

Parent's signature _____

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