

Our Parenting Place

STUDENT (MINOR) INFORMATION FORM

Student's Name	Date Of Birth	M Or F
Student's Address	Home Phone	
Mother's Or Legal Guardian's Name	Occupation	
Address (If Different From Student)	Additional Phones, Pagers, Etc.	
Father's Or Legal Guardian's Name	Occupation	
Address (If Different From Student)	Additional Phones, Pagers, Etc.	
Email Address	Fax Number	
Any known allergies/medications we need to know about		

Persons Who May Be Contacted In An Emergency (Provide Three Names)

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>

Physician And/Or Dentist To Be Contacted In An Emergency

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Insurance Number</i>
<i>Physician:</i>			

Please List Below The Names Of Persons Authorized To Pick Up Your Student From Class (Your Child Will Not Be Released To Any Other Person Without Written Authorization)

<i>Name(s)</i>	<i>Relationship</i>

Background information that you think might be helpful for us to know about your child:
