

Student Info

Student Name: _____ Nick Name: _____

Birthday: __/__/____ Age: _____ Gender: _____

Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Guardian Name: _____

Work Phone: _____ Cell Phone: _____

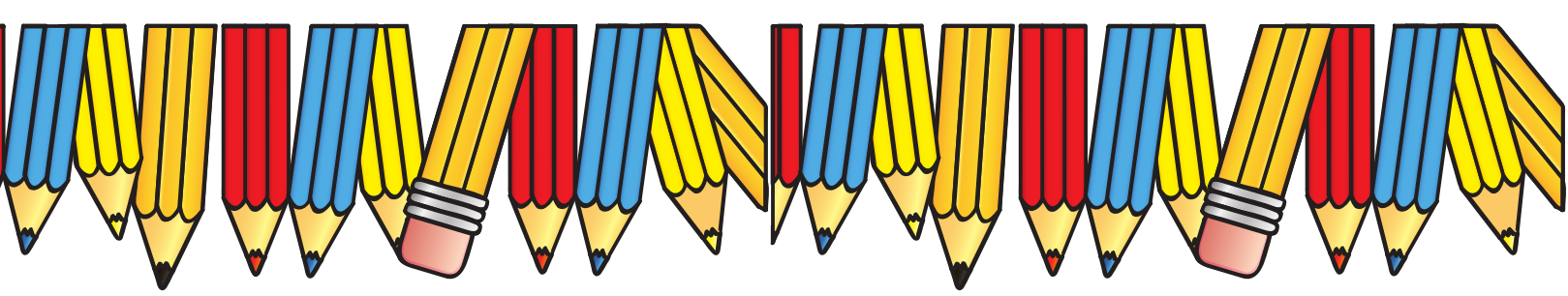
Email: _____

Best Time to Contact: _____

Sibling(s) (Name, Age, Grade): _____

May I have permission to take photographs of your child for classroom display and/or student projects? Yes // No





Student Info

Allergies/Medical Information: _____

Goals for My Student: _____

Questions/Comments/Concerns: _____

5th Grade Teacher: _____

