

Student Information

Student Name: _____

Parent(s) Name: _____

Student's Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Do you have any religious preferences we should be aware of?

Does your child have any health issues we should be aware of?

Please describe your child's personality: (such as sociable, shy, quiet, fussy, aggressive, hyperactive, easy-going, etc.)

Any additional information you wish to share:

