



STUDENT



INFORMATION

Student name: _____

Birthday: ____/____/____

Address: _____

Primary Phone Number: (____)____-____

DISMISSAL PLANS:

How will your child go home on the **FIRST** day of school?

- ☐ Car rider
- ☐ After School Care

How will your child go home the **rest of the year?**

- ☐ Car rider
- ☐ After School Care

PARENT / GUARDIAN INFO:

Name: _____

Relationship: _____

Phone number: _____

Email: _____

Name: _____

Relationship: _____

Phone number: _____

Email: _____

