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# Student Information Form PDF

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## Student Details

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## Educational Background

- Previous School: \_\_\_\_\_
- Grade Level: \_\_\_\_\_
- Major Subjects: \_\_\_\_\_

## Emergency Contact Information

- Contact Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Contact Phone Number: \_\_\_\_\_
- Contact Email: \_\_\_\_\_

## Medical Information

- Known Allergies: \_\_\_\_\_
- Current Medications: \_\_\_\_\_
- Special Medical Instructions: \_\_\_\_\_

### Consent Checkbox

- I consent to the school processing my personal data for educational purposes.

### Signature

- Student Signature: \_\_\_\_\_
- Date: \_\_\_\_\_