Student Information Form for School

Stude	ent Profile
•	Full Name:
	Birth Date:
•	Current Address:
	Previous School:
Acad	emic Information
•	Intended Start Date:
•	Preferred Courses:
	Extracurricular Interests:
Parer	nt/Guardian Information
•	Name:
•	Phone:
•	Email:
	Relationship:
Healt	h and Safety
•	Allergy Details:
•	Emergency Medical Info:

Permissions

- Permission to participate in field trips.
- Permission to receive emergency medical care.

Signatures

•	Parent/Guardian Signature:
•	Date: