

**New Student Information Form**

*(Please Print)*

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Home Phone#:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mobile Phone#:**(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent or Guardian Information**

**Parent or Guardian's Name:** \_\_\_\_\_

**Mobile Phone#:**(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent or Guardian's Name:** \_\_\_\_\_

**Mobile Phone#:**(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**In case of EMERGENCY contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone#:**(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Allergies?:** \_\_\_\_\_