

Student Information

Name:	Date of Birth:
Preferred Name:	Current Grade:
Home Address:	
Siblings:	
Parent 1:	Parent 2:
Phone #1	Phone #1:
Phone #2:	Phone #2:
Email:	Email:
Emergency contact person:	Emergency contact phone numbers:
Other people who may collect child from class:	
Medical Issues:	Food Issues:
Photo Permission? Archives: Y / N Class whanau: Y / N Public: Y / N	
Other Comments:	
Date joined class:	Grades completed: