

Student Profile 2026/27

(Check one: new family___ existing family adding a student___)

Please fill out COMPLETELY:

Student (1) Information

First, Middle, and Last Name: _____

Birthdate: _____

Social Security Number: _____ Male___ Female___

Address: _____

Home Phone: _____ Grade Entering Aug. 2025 _____

Last School Attended and Address: _____

Contact Number for the Last School Attended: _____

Student (2) Information

First, Middle, and Last Name: _____

Birthdate: _____

Social Security Number: _____ Male___ Female___

Address: _____

Home Phone: _____ Grade Entering Aug. 2025 _____

Last School Attended and Address: _____

Contact Number for the Last School Attended: _____

Student (3) Information

First, Middle, and Last Name: _____

Birthdate: _____

Social Security Number: _____ Male___ Female___

Address: _____

Home Phone: _____ Grade Entering Aug. 2025 _____

Last School Attended and Address: _____

Contact Number for the Last School Attended: _____

Emergency Contact for Students (May list one or two- Must be someone other than a parent!!)

Name: _____

Cell Phone or Home Phone: _____

Name: _____

Cell Phone or Home Phone: _____

Parents' Information

Father

Name: _____

Address: _____

Home Phone (Put NA if no home phone): _____

Cell Number: _____

Work Number: _____

Employer: _____

Email Address: _____

Mother

Name: _____

Address: _____

Home Phone (Put NA if no home phone): _____

Cell Number: _____

Work Number: _____

Employer: _____

Email Address: _____

Health Conditions/Medications

Student's Name: _____

Health Conditions: (Please list any health conditions your child has. Ex: ADHD, Asthma, Allergies *be specific*, Heart Condition....)

Medications Taken Daily at Home: (Ex: Adderall 10 mg, Zyrtec 10 mg... etc.)

Student's Name: _____

Health Conditions: (Please list any health conditions your child has. Ex: ADHD, Asthma, Allergies *be specific*, Heart Condition....)

Medications Taken Daily at Home: (Ex: Adderall 10 mg, Zyrtec 10 mg... etc.)

Student's Name: _____

Health Conditions: (Please list any health conditions your child has. Ex: ADHD, Asthma, Allergies *be specific*, Heart Condition....)

Medications Taken Daily at Home: (Ex: Adderall 10 mg, Zyrtec 10 mg... etc.)
