

Student Profile 2025/26

(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 _____

Student (2) Information

First, Middle, and Last Name: _____

Birthdate: _____

Social Security Number: _____ Male___ Female___

Address: _____

Home Phone: _____ Grade Entering Aug. 2025 _____

Student (3) Information

First, Middle, and Last Name: _____

Birthdate: _____

Social Security Number: _____ Male___ Female___

Address: _____

Home Phone: _____ Grade Entering Aug. 2025 _____

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: _____

Medical Information (We only need address and phone number if it's not a local doctor.)

Physician's Name: _____

Clinic Name: _____

Address: _____

Phone Number: _____

Insurance Information

Insurance Company: _____

Group #: _____

Policy #: _____

Are we (office staff) authorized to speak with a physician in case of an emergency? ____ Yes ____ No

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....)

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