

GENERAL STUDENT INFORMATION SHEET



FIRST STATE
SCHOOL

Please print clearly

Date: _____

Student First Name: _____

Student Middle Name: _____ Social Security #: _____

Student Last Name: _____

Student Date of Birth: _____ Student Age: _____

Current Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Mother/Guardian Name: _____

Home Phone Number: _____ Cell: _____ Work: _____

E-Mail Address: _____

Father/Guardian Name: _____

Home Phone Number: _____ Cell: _____ Work: _____

Address (if different): _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Emergency Contact: _____ Relationship: _____

Home Phone Number: _____ Cell: _____ Work: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

***COPY OF INSURANCE CARD NEEDED**

