



## STUDENT INFORMATION

Please Print

Name \_\_\_\_\_  
First Last Preferred Name

Address \_\_\_\_\_

Parents Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

School \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

Emergency Phone \_\_\_\_\_

If student is allergic to any medications,\*insect bites, or has motion sickness

Please List \_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN TO BUS DRIVER ASAP THANK YOU