



Registration 2012-2013

Student Information Fact Sheet

Student's Name _____ Grade _____

Date of Birth _____ Age _____ Parents' Names _____

Home Address _____

Home Phone _____ Email Address _____

Emergency Contact Person _____ Phone _____

Doctor's Name _____ Phone _____

Special medical, health, allergy, dietary information _____

Please give a brief history of student's past educational experiences: _____

What do you see as your student's educational strengths and weaknesses? _____

Please list the student's extra-curricular activities. _____

Please list other any co-ops, enrichment programs, or classes in which your student is involved.
