



## ART OF THE YOUNG STUDENTS

### CONTACT

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## STUDENT INFORMATION

*Please complete and sign the following Student Information Form.*

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CAN WE TEXT YOU?  YES  NO

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CAN WE TEXT YOU?  YES  NO

ALLERGIES OR HEALTH CONCERNS: \_\_\_\_\_

\_\_\_\_\_

SIBLINGS (IF ANY): \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

RELATION TO CHILD: \_\_\_\_\_

SIGN \_\_\_\_\_ DATE \_\_\_\_\_