



STUDENT INFORMATION FORM

Please Complete and Bring to Class on Day 1

Last Name _____ First Name _____ Middle I. ____ Age____

Preferred Name/Nickname: _____

Home Phone _____ Emergency Phone _____

Emergency Contact _____

Parent or Guardian _____ Relationship: _____

Parent or Guardian _____ Relationship: _____

Parent or Guardian Work Phone: _____

Parent or Guardian E-mail: _____

Home Address _____

City _____ State _____ Zip Code _____

Student's School: _____ Grade: _____

If your child has any medical issue or food allergies that we should be aware of, or if you have any other questions or concerns, please include them here:

Person(s) Authorized to pick up student:

NAME	PHONE NUMBER

By checking this box, I agree to attend all consecutive classes for the following session of I AM PROOF:

Class Location: _____

Class Dates: _____

Please use the reverse side to add any additional information that you believe we need to know.