

Student Information Card

2019 – 2020 Information

Student's Name _____

Parent's Name(s) _____

Address _____

City _____ Zip Code _____

email address _____

Mother's Cell _____

Dad's Cell _____

Please list all allergies or any other medical or helpful information on the back of this card.

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Please list all allergies or any other medical or helpful information on the back of this card.

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