Student Information Card

2026 – 2027 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.

Student Information Card

2026 – 2027 Information

Student's Name _____

Parent's Name(s) _____

Address _____

City _____ Zip Code _____

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Mother's Cell _____

Dad's Cell _____

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