



Office Use Only	
_____	_____
Date Rec'vd	Staff Initials
_____	_____
Hall/Room	

Student Information Sheet

for High School Students Only

Residential

Commuter

Student Emergency Contact Information

Student's Name _____		Date of Birth _____	M	F
			Gender	
() _____	_____	Student's Email _____		
Student's Cellular	_____			
Mother/Guardian's Name _____		Date of Birth _____	Father/Guardian's Name _____	
() _____	() _____	() _____	() _____	
Home Phone	Cellular Phone	Home Phone	Cellular Phone	
Mother/Guardian's Email _____		Father/Guardian's Email _____		
Address _____		Address _____		
City, _____	ST _____	Zip _____	City, _____	
			ST _____	
			Zip _____	

Alternative Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____	
() _____	() _____	() _____	() _____
Home Phone	Cellular Phone	Home Phone	Cellular Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Medical Information

List medications, prescription or over the counter that student currently takes (i.e., birth control, allergies, acne medications)

Insurance Company _____	Address (including city and zip code) _____
Policy Holder _____	Policy Number _____

List any allergies/special health considerations

() _____

Mother's Place of Employment _____	Work Phone _____	Address (including city and zip code) _____
Father's Place of Employment _____	Work Phone _____	Address (including city and zip code) _____