

Student Information

Name: _____ Birth date: _____

Address: _____

Phone: _____

Child lives with: _____

Bus: _____ Car: _____ Walker: _____ After school: _____

Father's name: _____	Mother's name: _____
Place of employment _____	Place of employment _____
Work phone: _____	Work phone: _____
Cell phone: _____	Cell phone: _____

E-mail Address: _____

Emergency contact name: _____

Emergency contact number: _____

Are you willing to develop a roll of film for our class this year? _____

I give permission to release my child's name, my name, and our home phone number for purposes of providing a class directory for the students.

Parent signature: _____

Please let me know if you have any concerns in the following areas:

Medical/Allergies/etc. _____

Academic: _____

Social: _____

Other _____

We look forward to a wonderful year with you and your child!

The Fifth Grade Team