



SUMMER 2020 INFORMATION FORM

Student(s) Last Name: _____

Personal Information

Student Name: _____
Student #1 *Student #2* .

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Parent Cell Phone(s): _____

Parent Email(s): _____

Student Email:
(optional) _____

Grade: _____ School: _____

Parents' Name(s): _____

Another Emergency
Contact: _____ Phone: _____

Health / Allergy Concerns?

Please Describe:

Additional Notes

