

Student Information Card 2018-19

Student Name _____ DOB _____ Class (Days) _____

Allergies & or Food Restrictions ___ N ___ Y Please list:

Address _____ City _____ IL Zip _____

Home Phone _____ Main Email _____

First contact (ex. Mom) _____ Phone _____

Emergency Contact (other than parent): Name _____

Phone _____ Relationship _____

Mom's name: _____ **Dad's name:** _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Please circle:

	Mom		Dad	
Can you receive Text message?	Yes	No	Yes	No
Can you receive Photo messages?	Yes	No	Yes	No
Allowed to receive either through the day?	Yes	No	Yes	No

Please check all applicable: JFK has permission to post my child's photo on ___

___ Facebook ___ Website ___ Newsletter ___ Advertising

Additional Information for Teachers: