

**Southbrook Academy  
Student Information Form  
2011-2012  
Classroom Copy**

**Student Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Phone (s):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Release to Parent's Association: Y or N**

**\* Allergies/Special Diet:** \_\_\_\_\_

**\*Special Limitations or Concerns:** \_\_\_\_\_

**Student's Physician/Clinic:** \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION**

**Parent/Guardian Name:** \_\_\_\_\_

**Address if different from above:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Hours at Work:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Telephone/Cell Phone if different from above:** \_\_\_\_\_

- **If your child has Dietary Allergies, Insect Allergies, a Chronic Illness or Concerns please speak with your child's teacher and administration so that we can best provide for him/her.**

**I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.**

\_\_\_\_\_**Parent/Guardian Signature**

**Date**