

STUDENT INFORMATION SHEET

Student Information

Name		Birth Date	
Street Address		Home Phone	
City/State/Zip			

Student Lives with: (check one)

____ Both parents ____ Mother ____ Father ____ Other _____

Mother's / Guardian's Information

Name _____ Work Phone _____
Email address _____ Cell Phone _____

Father's Information

Name _____ Work Phone _____
Email address _____ Cell Phone _____

Important Medical Information _____

Would you be interested in volunteering for any extracurricular activities such as our holiday art gala, fieldtrips, etc.? (Circle below.)

Yes No Maybe

I have read and discussed the art information sheet with my son/daughter, and all of the information is correct to the best of our knowledge. If you have any questions or concerns, please feel free to contact me through email or at (601) 605-4171.

Parent Signature

Student Signature

Please complete this form and return to your child's art teacher along with his or her \$15.00 art fee by Friday, August 11!