



A Small School with a Large Program for Small People with Large Potential

Information Request Form

Child Name: _____

Male Female Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Father Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Mother Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Authorized persons to pick up your child:

Name	Home	Cell	Work

Please list any allergies or special needs your child may have:

Parent Signature: _____ Date: _____

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