



Kate Shepard Elementary Student Information Sheet

Name: _____ Grade: _____ Teacher's Name: _____

Address: _____

Does this child have siblings at our school? Yes or No

If yes, please fill out below.

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Parent/Guardian Information

Name: _____ Phone #1 _____ Phone #2 _____

Name: _____ Phone #1 _____ Phone #2 _____

Emergency Contact Information

Name: _____ Relationship to Student: _____ Phone # _____

Name: _____ Relationship to Student: _____ Phone # _____

Dismissal (please check one)

- Walk - Address: _____
- Car - Carpool # _____
- Bus - Bus Color _____
- Daycare Van - Name: _____ Phone # _____
- After-school care