

## **Student Information:**

Name		Age
Student Address_		
Allergy Infor	mation:	
Parent Inform	nation:	
Mom:	Dad:	
Cell #:	 Cell #:	
Email:	Cell #: Email:	
<b>Emergency C</b>	ontact: (other than pare	ents)
Name:		_
Phone #:		
Does <b>On the Brig</b>	<b>ht Side</b> have permission to	post pictures of your
•	website and Instagram pag	