

ADDITIONAL STUDENT FORM

STUDENT # 5 INFORMATION

Student's Name _____ Grade in 2020-2021 _____ Date of Birth ___/___/___ M F

Church of Baptism _____ Lives With ___ MOM ___ DAD ___ Guardian (Name _____)

Student's Cell Phone _____ Student's Email Address _____

Allergies _____

Physical, emotional or special learning needs _____

STUDENT # 6 INFORMATION

Student's Name _____ Grade in 2020-2021 _____ Date of Birth ___/___/___ M F

Church of Baptism _____ Lives With ___ MOM ___ DAD ___ Guardian (Name _____)

Student's Cell Phone _____ Student's Email Address _____

Allergies _____

Physical, emotional or special learning needs _____

STUDENT # 7 INFORMATION

Student's Name _____ Grade in 2020-2021 _____ Date of Birth ___/___/___ M F

Church of Baptism _____ Lives With ___ MOM ___ DAD ___ Guardian (Name _____)

Student's Cell Phone _____ Student's Email Address _____

Allergies _____

Physical, emotional or special learning needs _____