



# St. John's Episcopal Church

*A welcoming and spiritual church community,  
devoted to serving God and our neighbor*

## STUDENT INFORMATION FORM for 2018/2019

NAME: _____ Last First Middle Initial
DATE OF BIRTH: _____
E-MAIL: _____

MOTHER'S/GUARDIAN NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

PHONE:(\_\_\_\_\_) \_\_\_\_\_ CELL:(\_\_\_\_\_) \_\_\_\_\_

MOTHER'S/GUARDIAN E-MAIL: \_\_\_\_\_

FATHER'S/GUARDIAN NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

PHONE:(\_\_\_\_\_) \_\_\_\_\_ CELL:(\_\_\_\_\_) \_\_\_\_\_

FATHER'S/GUARDIAN E-MAIL: \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

HOBBIES, TALENTS, INTERESTS, ETC.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD (in case of emergency):

Name	Relationship	Phone

Please use the space below to tell us anything else you would like us to know about your child: