

New Hampshire School of Languages, Math, and Art

Student Information Form

Student Last Name _____ Student First Name _____

Date of Birth _____ Grade entering _____

Name of School _____

Residence Address _____

City _____ State _____ Zip _____

Languages spoken home _____

Parent/Guardian Name # 1 _____

Cell Phone Number _____ Email _____

Parent/Guardian Name # 2 _____

Cell Phone Number _____ Email _____

Emergency Contact # 1 _____

Relationship _____ Cell Phone Number _____

Emergency Contact # 2 _____

Relationship _____ Cell Phone Number _____

Primary care physician _____

Phone Number _____ Name of Hospital _____

Is your child right-handed _____ or left-handed _____?

Please, provide as many details as possible to the following questions:

Does your child have any allergies? _____

Does your child have any health problems? _____

Does your child have speech difficulties? _____

Is your child afraid of anything? _____

What motivates your child? _____

What motivates your child? _____

What motivates your child? _____

What extracurricular activities does your child attend? _____

What extracurricular activities does your child attend? _____

If my child is ill or injured at school and needs emergency care and I cannot be reached, I hereby authorize New Hampshire School of Languages, Math, and Arts to make necessary arrangements. I agree to assume all responsibility and expenses, including transportation, incurred at this time.

Parent Full Name _____

Parent Signature _____

Date _____