STUDENT INFORMATION
2025-2026

Student Name *(Last, First, Middle)*:_____ , _____ (_____)

Student School I.D.# _____ **Student Home Phone #:( ) _____**

Student Home / Mailing Address:

_____ _____, **Florida** _____

Street Address *City* *Zip Code*

Student Lives with:

☐ **Both Parents** ☐ **Mother Only** ☐ **Father Only** ☐ **Other Guardian (Please Specify Relation)**_____

PARENT / GUARDIAN INFORMATION

Mother / Female Guardian Name (First and Last):

_____

Mother / Female Guardian Home #:

_____

Mother / Female Guardian Mailing Address:

_____

City / Sate /Zip Code: _____

Mother / Female Guardian Occupation:

_____

Mother / Female Guardian Work Phone #:

_____**Ext:**_____

Mother / Female Guardian Work Address/Location:

_____

Mother / Female Guardian Work Hours:

_____

Mother / Female Guardian Other #'s:

Cellular _____

Fax #_____

Mother / Female Guardian Parent E-Mail Address:

_____

Father / Male Guardian Name (First and Last):

_____

Father / Male Guardian Home #:

_____

Father / Male Guardian Mailing Address:

_____

City / Sate /Zip Code: _____

Father / Male Guardian Occupation:

_____

Father / Male Guardian Work Phone #:

_____**Ext:**_____

Father / Male Guardian Work Address/Location:

_____

Father / Male Guardian Work Hours:

_____

Father / Male Guardian Other #'s:

Cellular _____

Fax #_____

Father / Male Guardian Parent E-Mail Address:

_____

STUDENT EMERGENCY / MEDICAL INFORMATION

(If student has any specific medication, they must take on a regular basis or because of a medical condition, please notify the main office.)

Allergies: _____

Medical Conditions (example – asthma): _____

Medication Needed: _____ **When:**_____

Chronic Injuries: _____

In Case Person Listed Above Cannot Be Contacted, Please Notify: _____

Relation to Student:_____ **Phone #(s):**_____

Other Important Information We Should Know:

_____

2025 ~ 2026 STUDENT INFORMATION

Student Name: _____

Birthday ~ Month / Day / Year: _____

Favorite Color: _____

Favorite Hobby / Item / Extra: _____

Student E-Mail Address: _____

Student Cell Phone #: _____

Center Stage Dancers