



LEE ACADEMY STUDENT INFORMATION SHEET

2020-2021 ACADEMIC YEAR

Student Name: _____ Date of Birth: _____ Male Female

Name of Parent(s) or Legal Guardian(s): _____

Child resides with(during the school week): Both Parents Mother Father Other

Physical Address:

Mailing Address (if different from physical):

Mother's email address: _____ Cell # _____

Father's email address: _____ Cell # _____

Mother's place of Employment: _____

Mother's work number: _____

Father's place of Employment: _____

Father's work number: _____

Emergency Contact Name: _____ Cell # _____

Emergency Contact Name: _____ Cell # _____

Primary Care Physician: _____ Phone # _____

Any known food, drug, or insect sting allergies (please list):

Any known medical problems (please list):

Permission to treat (in case of emergencies): Tylenol Benadryl Ibuprofen Tums/Pepto

Current medications (please list all): _____

Student Driver: Yes No If yes; model, and color of vehicle: _____

Drivers License Number: _____ License Plate Number: _____

Parent Signature

Date