



2024-2025
Student Information Form

Student's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Grade Level _____

Student's Cell Phone _____

Mother's Name _____ Mother's Cell Phone _____

Mother's Email Address _____

Father's Name _____ Father's Cell Phone _____

Father's Email Address _____

Emergency Contact (provide name and phone number) _____

List any medical issues or allergies _____

Student Driver? _____ yes _____ no If yes, DL# _____

Make/Model/Color/Tag # of car _____

Please submit completed form to BHC administration at the parent meeting in August.