JAMES ANGLIN STUDIOS

Student Information Form

I. Personal Information

- **Full Name:** _____
- **Preferred Name:** _____
- **Date of Birth:** _____
- **Gender:** _____
- **Grade Level / Year:** _____

II. Contact Information

- **Home Address:**
- **Student Phone Number:** _____
- **Student Email:** _____

III. Parent / Guardian Information

Primary Parent/Guardian

- **Name:** _____
- **Relationship to Student:** _____
- **Phone Number:** _____
- **Email:** _____

Secondary Parent/Guardian (Optional)

- **Name:** _____
- **Relationship to Student:** _____
- **Phone Number:** _____
- **Email:** _____

IV. Emergency Contacts (Other Than Parent/Guardian)

1. **Name:** _____
2. **Relationship:** _____
3. **Phone Number:** _____
4. **Name:** _____
5. **Relationship:** _____
6. **Phone Number:** _____

V. Academic Information

- **Current School:** _____
- **Previous Schools (if applicable):**
- **Special Programs (IEP, 504, Gifted, ESL, etc.):**

VI. Medical Information

- **Allergies:** _____
- **Medications:** _____
- **Medical Conditions:** _____
- **Primary Physician:** _____
- **Physician Phone:** _____

VII. Permissions & Agreements

- **Photo/Video Release:** ☐ Yes ☐ No
- **Field Trip Permission:** ☐ Yes ☐ No
- **Technology/Internet Use Agreement:** ☐ Yes ☐ No
- **Parent/Guardian Signature:** _____
- **Date:** _____