

2015-16 STUDENT INFORMATION CARD (for teachers)



Grandview Christian School Golden Eagles

Name _____ Grade _____
Last First Middle

Address _____ Phone _____
Street City ZIP

Age () Birth Date _____ S.S. # _____
Month Day Year

Any physical difficulties _____

Last School Attended _____

Name and grade of other children attending our school: _____

Church you now attend: _____

Father's Name: _____ Employer: _____ **Wk Phone #** _____

Mother's Name: _____ Employer: _____ **Wk Phone #** _____

Father's **Cell Phone #** _____ Mother's **Cell Phone #** _____

Emergency name & phone number: _____

Relationship to child: _____ E-mail address _____