

STUDENT INFORMATION FORM

(Return this portion to your coach.)

Name: _____ Sport: _____
(last) (first)

Age: _____ Birthday: _____ Grade: _____

Father's Name: _____ Mother's Name: _____

Legal Guardian's Name: _____

With whom are you currently residing? _____

Home Address: _____
(street) (city) (zip)

Home Phone: _____ Listed _____ or Unlisted _____

In case of an EMERGENCY, contact:

(name) (phone)

(name) (phone)

(name) (phone)

Medical Information:

Medical Authorization: When I am unable to be reached, I authorize a representative of Kennedy Middle School to see medical treatment for my son/daughter. YES _____ NO _____

Parent/Guardian Signature: _____ Date: _____

Please return this portion to Mrs. Kaebisch in the gold office:

There is a **\$50 Co-Curricular Activity Fee** for students who participate in athletics with a cap of \$250 per family. If sending a check, please make payable to Kennedy Middle School.

Name _____ Sport _____

_____ Cash is attached.

_____ A check is attached.

_____ Payment is not needed. We have met the family cap in: _____