



STUDENT AND PARENT INFORMATION SHEET

Student Name :	Child One	DOB :	01/12/2015
Student Address :	335 Clearlake Drive		
Student Phone :	NA	Student Gender :	Female
Student Class :	Baby Bears ,Sports		
Country :	NA	State :	NA
City :	NA	Zip Code :	NA

PRIMARY PARENT DETAILS

Parent Name :	Parent 3 LS 3	Mobile :	NA
Email Address :	parent3@yopmail.com		
Address :	3237 Sussex Court		
Country :	United States	State :	Alabama
City :	Abanda	Zip Code :	440034
DOB :	01/02/1990	Profession :	NA
Gender :	Male	Employer Name :	NA
Employer Number :	NA	Relation With Student :	Father

SECONDARY PARENT DETAILS

Parent Name :	Teresa Maria	Mobile :	5555555555
Email Address :	sp1@mailinator.com		
Address :	Dallas		
Country :	NA	State :	NA
City :	NA	Zip Code :	NA
DOB :	09/05/1967	Profession :	Architect
Gender :	Female	Employer Name :	Infosys
Employer Number :	0	Relation With Student :	NA

AUTHORIZED PARENT DETAILS

Name :	Anikt K	Mobile :	0
Email :		IsAuthorized Pickup :	Yes

Primary Care Physician : Thomas Parker Phone: 1111111111
Preferred Hospital : MGH
Allergies : NA

If your child has a medical condition such as ashtma, diabetes, seizures, heart problems, recurring illness etc, please describe: NA
Other important medical information you would like us to have : NA