Kailua H S Band
Student Information and
Emergency Contact Sheet

Name: _____
Last First Middle

Grade: _____ Instrument: _____ Birthday: _____

Mailing Address: _____
No. Street Apt. #

_____
City State ZIP

Home Phone: _____ Student Cellular phone:_____

Student E-mail address: _____

Are you allergic to anything (including medications)? If so, what?

_____

Parent info:

Parents/Guardians Names:

Father: _____ Cell Phone: _____

Father's occupation: _____Work Phone:_____

e-mail address:_____

Mother: _____ Cell phone: _____

Mother's occupation: _____Work Phone:_____

e-mail address: _____

If parents are separated, who does the student live with? _____

In an emergency, who should be notified? _____phone: _____
Doctor's name:_____ phone: _____
*We need to keep in touch with parents using many different methods. We keep information confidential.