



Carden School of Camarillo Student Information Sheet

Student's Name: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail address: _____

Mother's Name: _____ Home Phone: _____

Mother's Wk Phone: _____ Mother's Cell : _____

Father's Name: _____ Home Phone: _____

Father's Wk Phone: _____ Father's Cell: _____

Emergency contact: _____

List all other people authorized to pick your child up from school: _____

NO STUDENT WILL BE DISMISSED TO ANY PERSON OTHER THAN THOSE SPECIFICALLY AUTHORIZED BY PARENTS OR GUARDIANS.

In case of medical emergency, does the school have authority to contact your physician directly in the event that you the parents cannot be reached?

Yes No Signature: _____ date: _____

Physician: _____ Phone: _____

Please list any allergies or special needs your child may have: _____
