

## Student Information Sheet

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle I. \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Birthday \_\_\_\_\_ (please include year)

Parent or Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent or Guardian Work Phone: \_\_\_\_\_

Parent or Guardian E-mail: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you have any allergies or medical conditions?

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How many years have you participated in speech? \_\_\_\_\_

What events are you interested in participating in this year?

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