



LEE ACADEMY STUDENT INFORMATION SHEET
2022-2023 ACADEMIC YEAR

Full Student Name (birth certificate: first, middle, last): _____

Name child prefers: _____ Date of Birth: _____ Male Female

Full Name of Mom: _____ Full Name of Dad: _____

Name of Step-Mother: _____ Name of Step-Father: _____

Child resides with (during the school week): Both Parents Mother Father Other

Physical Address: _____

Mailing Address (if different from physical): _____

Mother's email address: _____ Cell # _____

Father's email address: _____ Cell # _____

Mother's place of Employment: _____

Mother's work number: _____

Father's place of Employment: _____

Father's work number: _____

Emergency Contact Name (other than parent): _____

Cell # _____

Emergency Contact Name (other than parent): _____

Cell # _____

Primary Care Physician: _____ Phone # _____

Any known food, drug, or insect sting allergies (please list): _____

Any known medical problems (please list): _____

Permission to treat (in case of emergencies): Tylenol Benadryl Ibuprofen Tums/Pepto

Current medications (please list all): _____

Student Driver: Yes No If yes; model, and color of vehicle: _____

Drivers License Number: _____ License Plate Number: _____

