

# School Info



STUDENT: \_\_\_\_\_

School: _____	ID #: _____
Address: _____	Bad Weather #: _____
Website: _____	School Phone: _____
	Secretary: _____

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Principal: _____	
Email: _____	

Teacher: _____	
Email: _____	
Website: _____	

Teacher: _____	
Email: _____	
Website: _____	

School Nurse: _____	
Email: _____	

Counselor: _____	
Email: _____	

IEP: _____	
Email: _____	

PTA Contact: _____	
Email: _____	

Before Care: _____	
After Care: _____	

Athletic Director: _____	
Coach: _____	

Coach: _____	
Teammate: _____	

Band Director: _____	
Band Friend: _____	

Bus Driver: _____	
Route #: _____	

Bus Garage #: _____	
Emrgncy Contact: _____	

Emrgncy Contact: _____	
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