

Capital High School Student Information Form

Student Name: _____ Student ID#: _____

Date of Birth: _____ Grade 2020-21: _____

Cell Phone Number: _____ Email Address: _____

Home Address: _____

Parent Name: _____	Cell Phone Number: _____
Work Number: _____	Email Address: _____
Parent Name: _____	Cell Phone Number: _____
Work Number: _____	Email Address: _____

Additional Emergency Contact : _____

Phone Number: _____ Relation: _____

Please list any allergies: _____

Please list any medications necessary to participate or limitations to participation in physical activities:
