



ARMENIAN SISTERS' ACADEMY  
STUDENT INFORMATION FORM  
No handwritten forms will be accepted

GRADE _____	PRIMARY EMAIL _____
	SECONDARY EMAIL _____
STUDENT'S NAME _____	DATE OF BIRTH _____
HOME ADDRESS _____	
CITY _____	STATE _____
ZIP CODE _____	HOME PHONE _____
PRIMARY PHONE NUMBERS TO CALL IN CASE OF EMERGENCY	
1. _____	2. _____
	3. _____
FATHER'S NAME _____	FATHER'S CELL PHONE _____
MOTHER'S NAME _____	MOTHER'S CELL PHONE _____
ALTERNATE RESPONSIBLE PERSON TO BE NOTIFIED	
NAME _____	RELATION _____
PHONE _____	ADDRESS _____
DOCTOR TO BE NOTIFIED	
NAME _____	
PHONE _____	ADDRESS _____
LOCAL HOSPITAL _____	
If emergency treatment is required, may the school authorities use their own judgment in securing the services of the doctor most accessible providing none of the above people can be reached?	
	YES _____
	NO _____
Allergies, please list them Yes _____ No _____	Please name _____
Please provide us with medication, if necessary _____	
[Fill in this digital form, print and sign]	Signature of Parent or Guardian _____
	Date _____