

Student Information Form

Glen Eden – Day Program



Name of Student: _____

Age: _____ Weight: _____ Height: _____

Medications: _____

Allergies: _____

Person to be called in case of emergency: _____

Relationship to Student: _____

Phone Number : Home: () _____ Work () _____

Bus Arrival Time: _____

School : _____ Dates : _____

Full: _____ Half: _____ (AM/PM)

Teacher or Assistant Attending: _____ Phone: _____

Disability: _____

Abilities: _____

Behavioral Problems (if any) _____

Communication Problems (if any) _____

Has the student skied before? Yes _____ No _____

If yes, does the student have his/her own equipment? Yes _____ No _____ if yes, please list

Does the student play other sports? Yes _____ No _____ if yes, please list which ones

Additional Comments: _____

OFFICE USE ONLY

Booked by _____

Date: _____