

# Q's Taekwondo

## Student Contact Sheet

### Student Information

Start Date:	Class Time:	Nickname:
First Name:	Middle Initial:	Last Name:
Date of Birth:	Current Grade (if applicable):	
Sibling(s)'s Name(s)/Age(s):		

### Primary Contact

Name:	Relationship to Student:
Home Address:	
Email Address:	Cell Phone #: (       )       -
Alt. Phone #: (       )       -	May we contact you via text? Yes / No

### Secondary Contact

Name:	Relationship to Student:
Email Address:	Cell Phone #: (       )       -
Do you wish to receive emails? Yes / No	May we contact you via text? Yes / No

### Alternate Emergency Contact

Name:	Relationship to Student:
Email Address:	
Cell Phone #: (       )       -	Alt. Phone #: (       )       -

### Other Considerations

Please share any special concerns student may have (i.e., allergies, medications, injuries, restrictions on pickup) so that we might better accommodate them. Elaborate on back if needed.

Allergies:	Special Considerations:

### How did you hear about our school?

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