

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?

