



# Sport & Medical Sciences Academy



## UPDATED

# Student Information Form

Please complete this form if you have UPDATED contact information. Please return all forms to Ms. Miriam Rivera in the main office.

Parent's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Student #1 Name \_\_\_\_\_

Grade \_\_\_\_\_

Student #2 Name \_\_\_\_\_

Grade \_\_\_\_\_

Student #3 Name \_\_\_\_\_

Grade \_\_\_\_\_

Email Address \_\_\_\_\_

Updated Cell Phone # \_\_\_\_\_ Updated Home Phone # \_\_\_\_\_

Updated Address- Please write your new address but we require proof of address. (Drivers License, Utility Bill, or other official document.)

New/Updated Address:     \_(Name)\_\_\_\_\_

  \_(# & Street)\_\_\_\_\_

  \_(City/Town)\_\_\_\_\_

Parent Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

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For Office Use:

Received by: \_\_\_\_\_

Entered into PowerSchool by: \_\_\_\_\_

Entered into Powerschool on: \_\_\_\_\_