

TEACHER _____

West Lakes Preparatory Academy

13835 NW 97th Avenue • Hialeah, FL 33018
PH: 305-826-6104 * Fax: 305-826-6105

ID NUMBER _____

GRADE: _____

Student Information Sheet

STUDENTS NAME

Nombre del Estudiante _____

Last /Apellido

First/Nombre

Middle/Segundo

SEX/Sexo _____ HISPANIC Y/N _____ RACE _____ BIRTHDATE/Fecha de nacimiento _____

BIRTH CITY _____ STATE _____ COUNTRY _____

IF OUT OF THE COUNTRY WHAT DATE DID YOU ENTER THE US SCHOOL? _____

IS YOUR CHILD FROM A PRIVATE SCHOOL? Y/N _____ MILITARY FAMILY? Y/N _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

HOME PHONE _____

MOTHER'S NAME _____ PHONE # _____

PLACE OF EMPLOYMENT _____ EMAIL _____

FATHER'S NAME _____ PHONE # _____

PLACE OF EMPLOYMENT _____ EMAIL _____

LAST SCHOOL YOUR CHILD ATTENDED _____

Nombre de la ultima escuela a la cual asisto

CITY _____ STATE _____ COUNTRY _____

LUNCH/Almuerzo: (CHOOSE ONE OPTION/Escoja una opcion)

LUNCH FROM HOME/Almuerzo

SCHOOL LUNCH/Almuerzo de la escuela

HOW WILL YOUR CHILD COME TO SCHOOL? (CHOOSE ONE OPTION/Escoja una opcion)

WALK/Camina

CAR/carro

PRIVATE BUS/Omnibus privado

BEFORE CARE

HOW WILL YOUR CHILD DISMISS FROM SCHOOL? (CHOOSE ONE OPTION/Escoja una opcion)

WALK/Camina

CAR/carro

PRIVATE BUS/Omnibus privado

AFTERCARE

HEALTH DATA WHICH THE SCHOOL SHOULD KNOW IN CASE OF EMERGENCY:

Datos acerca de la salud, necesaria en caso de emergencia

PARENT SIGNATURE _____ DATE _____