**[ESCRIBE EL NOMBRE DE LA ESCUELA AQUÍ]**

**Student Identification Sheet**

**Student Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | | **Last Name** |  | |
| **Date of Birth** |  | | **Place of Birth** |  | |
| **F** |  | **M** |  | **Age** |  |
| **Address** |  | | | | |
| **Phone** |  | | **Email** |  | |

**Family Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of parent/guardian** | | **Name of parent/guardian** | |
|  | |  | |
| **Occupation** |  | **Occupation** |  |
| **Workplace address** | | **Workplace address** | |
|  | |  | |
| **Phone** |  | **Phone** |  |
| **Home Address** | | **Home Address** | |
|  | |  | |

**Academic Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grade** | |  | **New Student** | Y | N |
| **In retention** | Y | N | **Scholarship** | Y | N |
| **Type of scholarship** | | |  | | |

**Medical Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Chronic illnesses** |  | | |
| **Allergies** |  | | |
| **Blood type** |  | **Medication** |  |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Relationship** |  |
| **Phone** |  | **Email** |  |
| **Address** |  | | |