

EJS School of Fine Arts

Student Contact Information Sheet

(please print clearly)

MUSIC ART DANCE

M T C B

Name of Student: _____

Students Date of birth: _____

Parent or Guradian: _____

Current Mailing Address: _____

Postal Code: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Auxiliary Phone #: _____

E-mail address(s): _____

Emergency Contact Person: _____

Phone #: _____

Special Exergency Information: _____
(Medical condition, allergies, etc...)

**All information is held confidentially and is only used for contact between EJS and Students.*