

Student Information Form – WOW 2025-2026

(rev. 9/24)

Student's First and Last Name _____
Preferred Name _____
Birthdate (mm/dd/yyyy) _____
Current Grade in School _____
Address _____
City _____ State _____ Zip _____

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Primary Guardian(s) Name(s) _____ Relationship _____
_____ Relationship _____

Best way to reach you: (mark all that apply)

- Cell phone # _____
- Text message # _____
- Home phone # _____
- Email address _____

Person(s) authorized to drop off/pick up child: _____