

NEW TRIER TOWNSHIP HIGH SCHOOL DISTRICT 203



To commit minds to inquiry, hearts to compassion, and lives to the service of humanity.®

STUDENT PROFILE

Please print or type in black ink only.

PERSONAL INFORMATION

Last Name First Date of Birth

Address City State Zip Code

Home phone #

Names of parent(s)

Father's business phone # Mother's business phone #

EMERGENCY INFORMATION

Name of contact Relationship

Home phone # Business phone # Cell phone #

Second contact Relationship

Home phone # Business phone # Cell phone #

MEDICAL INFORMATION

Do you have any allergies? yes no If yes, list: _____

Do you take any medication regularly? yes no

If yes, what kind, how often, and for what reason? _____

Is there any other information regarding your health of which we should be aware (eating disorders, chronic conditions, psychological care past or present, etc.)? Please be specific.

Do you have any dietary restrictions? yes no Please explain: _____

Name of medical insurance _____ Policy # _____

Primary Care Physician Name and Phone _____