

## **Student Vital Information Form (Large Print)**

Please type directly into the large fields below.

**Student Full Name:**

**Date of Birth:**

**Current Date:**

**Email Address:**

**Home Address:**

**City:**

**State:**

**Zip Code:**

**Primary Phone Number:**

**Secondary Phone Number (optional):**

**Parent / Guardian Full Name:**

**Parent / Guardian Emergency Contact Number:**

**Allergies:**

**Accommodations:**

**Signature:**

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