# Student Information Form

**1617 North Second Street, Minneapolis, MN 55411**
**PH: 612-521-2600 FAX: 612-521-7099**
**info@lundstrumcenter.org www.lundstrumcenter.org**

**Please check:**

**NEW STUDENT:_____**

**RETURN STUDENT:_____**

| **Date** | **Session** | ***How did you hear about us?*** |
|---|---|---|
| | | |

| **STUDENT INFORMATION** | | | | | Date of Birth - not required for Adults |
|---|---|---|---|---|---|
| Student First Name | | | Student Last Name | | |
| Date of Birth Month/Day/Year | Ethnicity | | Gender M or F | School Attending | |
| Mailing Address | Street | | City | State | Zip |
| Home Phone w/area code | Work Phone w/area code | | Cell Phone w/area code | | |
| Student Email: | | | | | |
| Receive Text Messages? **Y or N** | Cell Phone Service Provider (i.e. Sprint, T-Mobile, Verizon etc.) | | | | |

**STUDENT LIVES WITH (PARENT/GUARDIAN)**
***First Adult In House*** ***Willing to Volunteer? Y N***

| First Name | | Last Name |
|---|---|---|
| Home Phone w/area code | Work Phone w/area code | Cell Phone w/area code |
| Email: | | |
| Receive Text Messages: Y or N | Cell Phone Provider for Text Messages (i.e. Sprint, Team Mobile, etc.) | |
| Relationship To Student: | | |

**STUDENT LIVES WITH (PARENT/GUARDIAN)**
***Second Adult In Household*** ***Willing to Volunteer? Y N***

| First Name | | Last Name |
|---|---|---|
| Home Phone w/area code | Work Phone w/area code | Cell Phone w/area code |
| Email: | | |
| Receive Text Messages? **Y or N** | Cell Phone Provider for Text Messages (i.e. Sprint, T-Mobile, Verizon etc.) | |
| Relationship To Student | | |

***Please Complete Both Sides***

**BILLING INFORMATION---Complete if other than Student or First Adult in Household**
***If you are under the age of 18, please provide information for the person responsible for this account.***

| First Name | | Last Name | |
|---|---|---|---|
| Address *if different from above* | | City, State | Zip |
| Home Phone w/area code | Work Phone w/area code | Cell Phone w/area code | |
| Email: | | | |
| Receive Text Messages? **Y or N** | Cell Phone Provider for Text Messages (i.e. Sprint, T-Mobile, Verizon etc.) | | |
| Relationship To Student: | | | |

**EMERGENCY CONTACT INFORMATION** ***Please provide at least three (3) Names other than parents/guardian***

| First Name | Last Name | Contact Number(s) including area code | Relationship To Student |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**PHYSICAL/MEDICAL INFORMATION**
***List any physical/medical conditions that may prevent you from certain activities.***

**OTHER FAMILY MEMBERS WHO ATTEND LUNDSTRUM**

| First Name | Last Name | Relationship To Student |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

***Please Complete Both Sides***