Cornerstone High School
Information Sheet 2009-2010

Student's name_____ _____
First Middle Last Date of Birth

Address_____
Street City State Zip

Home phone_____Student's E-Mail_____

Parent's email_____

Mother_____Work phone_____ _Cell phone_____

Father_____Work phone_____ Cell phone_____

Emergency contact_____ Phone_____

Physician's Name_____ Phone_____

Health Insurance Co._____ ID number_____

Allergies_____

Medications_____

Foods to avoid_____

Any other important information_____

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