



EMERGENCY CONTACT FORM

Student Name: _____

Class: _____ Day: _____ Time: _____

Instructor: _____

Emergency Info:

Parents Names: _____

Email address: _____

Home # _____ Cell # _____

Emergency Contact Person (incase unable to reach parents: _____

Relation to student: _____

Home # _____ Cell # _____

Special needs/medication/allergies: _____

-----For Office use only-----

Attendance Form: (check mark for present, X for absent)

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Student measurements:

Bust	Waist	Hips	Girth	Inseam	Color	Size