



2025-2026  
Student Information Form

Student's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_

Will the student bring a cell phone to co-op?    Yes    No

Mother's Name \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Emergency Contact (provide name and phone number) \_\_\_\_\_

\_\_\_\_\_

List any medical issues or allergies \_\_\_\_\_

\_\_\_\_\_

Student Driver?        yes        no If yes, DL# \_\_\_\_\_

Make/Model/Color/Tag # of car \_\_\_\_\_

*Please submit the completed form to BHC administration at the parent meeting in August.*