STUDENT INFORMATION FORM
THE FASHIONABLE STYLISTA

Date _____/_____/_____

Students First Name _____ Last Name _____

Birthday ___/___/____ Current Age: _____ Gender _____ Grade _____ School_____

Medical Conditions/Allergies (if any): _____

Home Address _____

PARENT / GUARDIAN INFO

Name _____

Cell Phone _____ Work/Additional Phone(s):_____

Email:_____

Relationship to Child: _____

Emergency contact _____ Phone(s) _____

HOW DID YOU HEAR ABOUT US? _____