

The School For Early Excellence



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Student Face Sheet 20__-20__

Student Information:

Child's name: _____ Date of Birth _____

Home Address: _____ Telephone: _____

Place of Birth: _____ Primary Language: _____

Student identifying information

Eye color: _____ Hair color: _____ Sex: _____

Height: _____ Weight: _____ Skin color: _____

Identifying marks: _____

Parent/Guardian Information:

Mother/Guardian: _____ Father/Guardian: _____

Home address: _____ Home address: _____

Telephone: _____ Telephone: _____

Business: _____ Business: _____

Business address: _____ Business address: _____

Hours at work: _____ Hours at work: _____

Child's name _____ Date of Birth _____

Please attach a **current color picture** of your child in the space below. The photo should only include your child. This photo will be kept in your child file and will be used for identification purposes only.

