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| **Student Info** | | | | | | | |
| First Name |  | | | Last Name | | |  |
| Grade |  | | | Age | | |  |
|  | | | | | | | |
| **Parent Info** | | | | | | | |
| First Name |  | | | Last Name | | |  |
| Cell Phone |  | | | | | | |
| Email |  | | | | | | |
| Address |  | | | | | | |
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|  | | |  | |  | | |
| Signature | | |  | | | Date | |

∴ Please let us know if the student has any allergies.