

**Cedars of Lebanon Academy**  
**Student Information Sheet**  
**(Confidential)**

Student's Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Student's Birthdate \_\_\_\_\_ Sex \_\_\_\_ Social Security Number \_\_\_\_\_

Father's Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Mother's Name \_\_\_\_\_  
(First Name) (Maiden Name) (Last Name)

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_

Father's Home (if different) \_\_\_\_\_

Emergency Numbers: \_\_\_\_\_

(Please include a name and \_\_\_\_\_  
relationship to student.) \_\_\_\_\_

Family/student's Doctor \_\_\_\_\_

Telephone Number \_\_\_\_\_

Any known medical problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other remarks: Additional information which would be of importance to your child's teacher. (You may use the reverse side if more space is needed.)