

I'M BRIGHT KID

FOUNDATION

STUDENT INFORMATION FORM

Student Information

Student's Name _____
Last First Middle

School _____ Age _____ Grade _____

Birthdate ____/____/____ T-Shirt Size (circle one) CS CM CL AS AM AL

Home Address _____ Home Phone _____

Student's Email _____ Cell Phone _____

Parent/Guardian Information

Father's/Guardian's Name _____ Occupation _____

Address _____ Email _____

Daytime Phone _____ Evening Phone _____ Cell _____

Mother's/Guardian's Name _____ Occupation _____

Address _____ Email _____

Daytime Phone _____ Evening Phone _____ Cell _____

Emergency Contact Information

Emergency Contact (other than above) _____

Relationship _____ Phone Number(s) _____

Medical Insurance Provider _____ Hospital Preference _____

Physician _____ Phone _____

Any allergies, past injuries, illnesses, disabilities, medical conditions that the staff should be aware of?

Additional Student Information

Height: _____ Weight: _____

Hair color: _____ Eye color: _____

Special skills:

List your three most important/significant past roles and shows:

List other productions/theater experience:

Hobbies, organizations, clubs:

Theater-related honors (if applicable):
