

**Tara Wohlenhaus
Havendell Farm
5815 N. County Road 100E
Pittsboro, IN 46167
317-892-6689**

Student Information Sheet

Student Name (printed) _____ Nickname _____

Date of Birth (month, day, year) _____

Address (printed – with zip code please)

Email addresses _____

(May be used to contact in the event of schedule changes)

Parent/Guardian _____

Home phone # _____ Cell # _____ Work # _____

Additional Phone(s) # _____

Allergies _____

Known Medical Conditions Medications _____

If I cannot be contacted by the given telephone numbers, I give Havendell Farm staff permission to contact my family doctor or seek emergency medical treatment if they determine it to be necessary.

Parent/Guardian Signature _____

Doctor Name and phone # (please print) _____