



CONFIDENTIAL  
STUDENT INFORMATION FORM

Student's Name \_\_\_\_\_ Session \_\_\_\_\_

To allow the director and staff to better understand your child,  
and therefore facilitate his/her comfort level, please provide a detailed explanation  
of any health or family issues that you feel may affect your student while at  
**Theatre Arts For Kids™**.

Please also feel free to use this space to tell us about your child.

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Parent's Name \_\_\_\_\_

