

STUDENT INFORMATION SLIP

Name of Student:	Male / Female (please circle one)
Date of Birth:	Ethnicity (optional):
Social Security # (needed for UGA ID):	
Current School:	
Current Grade Level:	
Student Cell Phone Number:	
Current Home Address:	
Current Home Phone #:	Best method to contact parent: (please circle one) Phone / Email (fill in below)
*E-mail through the UGA account will be our primary form of communication with your student during your internship. However, may we also text your student? Yes / No (please circle one)	
Parent/Guardian #1 Name:	
Parent/Guardian #1 Phone #:	Parent/Guardian #1 E-Mail:
Parent/Guardian #2 Name:	
Parent/Guardian #2 Phone #:	Parent/Guardian #2 E-Mail:
Student Insurance Carrier and policy #:	