



**The SEED School of Washington, D.C.**  
*a public charter school*

Wellness Suite

Student Information (Please print)

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Last Name	First	MI	DOB
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Insurance Name	Policy/Member Number	Group Number
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Parent/Legal Guardian (Please print)

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Last Name	First	MI
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Address	City	State	Zip Code
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Daytime Phone Number	Evening Phone Number or Cell
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**Emergency Contact: Please list someone in whom you have confidence that can make a decision for your son/daughter in an emergency situation.**

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Name	Relationship
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Phone Number	Alternate Phone Number
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Name	Relationship
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Phone Number	Alternate Phone Number
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