

**Form used to determine student allergies or medical concerns prior to participation in any class activities or labs.**

**Culinary Arts  
Student Information Form**

Full Name \_\_\_\_\_ Name preferred \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ (H) Phone # \_\_\_\_\_

Student E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ (W) Phone # \_\_\_\_\_

Mother's Email \_\_\_\_\_ (C) Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ (W) Phone # \_\_\_\_\_

Father's Email \_\_\_\_\_ (C) Phone # \_\_\_\_\_

Extra-curricular involvement: \_\_\_\_\_

Greatest accomplishment: \_\_\_\_\_

Greatest disappointment: \_\_\_\_\_

Do you consider yourself a team player?      \_\_\_ Yes \_\_\_ No      \_\_\_\_\_

Do you enjoy cooking?      \_\_\_ Yes \_\_\_ No      \_\_\_\_\_

Do you have a serious interest in culinary?      \_\_\_ Yes \_\_\_ No      \_\_\_\_\_

Are you interested in joining FCCLA?      \_\_\_ Yes \_\_\_ No      \_\_\_\_\_

Have you ever been suspended?      \_\_\_ Yes \_\_\_ No      \_\_\_\_\_

Do you feel you need a mentor?      \_\_\_ Yes \_\_\_ No      \_\_\_\_\_

My previous grades were:      \_\_\_ Superior \_\_\_ Above average \_\_\_ Average \_\_\_ Below average

I intend for my overall grade to be:      \_\_\_ Superior \_\_\_ Above average \_\_\_ Average \_\_\_ Below average

**REQUIRED:**

Do you have any known allergies to certain foods?      \_\_\_ Yes \_\_\_ No

Are you required to always carry an EpiPen on you?      \_\_\_ Yes \_\_\_ No

Please list the FOODS to which you are allergic \_\_\_\_\_

Any other information about you that would be helpful to your teacher (medically, personally, educationally, etc.)

\_\_\_\_\_

\_\_\_\_\_

Teacher notes: