

# *Golden City C.D.C., Inc.*

## STUDENT I.D. BADGE

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
ALLERGIES

\_\_\_\_\_  
HOME #

\_\_\_\_\_  
HEIGHT

\_\_\_\_\_  
WEIGHT

\_\_\_\_\_  
EYE COLOR

\_\_\_\_\_  
HAIR COLOR

\_\_\_\_\_  
EMERGENCY NAME

\_\_\_\_\_  
EMERGENCY NUMBER

\_\_\_\_\_  
EMERGENCY NAME

\_\_\_\_\_  
EMERGENCY NUMBER

\_\_\_\_\_  
STUDENT I.D. BADGE NUMBER

### For Office Use Only

Date	Initial	
		Form Received
		Payment Received
		Badge Completed
		Student/Teacher/Parent Received
Signature:		
Name:		Date: