

Date: _____

Family Information

Family Name: _____ Home Phone: _____
Email: _____ Cell Phone: _____

PLEASE ADD MY FAMILY INFORMATION TO THE SCHOOL DIRECTORY: Yes No

Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____
Child: _____ Grade: _____ Date of Birth: _____

Street Address: _____ School District: _____
Apt #: _____ City: _____ State: _____ Zip Code: _____

Religion: _____ Registered Parish: _____ City: _____
Primary Language: _____ Race & Ethnicity: _____

Guardian 1 Full Name: _____ Relationship: _____
Address: _____
Employer: _____ Occupation: _____
Work Schedule: _____ Work Phone: _____ Cell: _____

Guardian 2 Full Name: _____ Relationship: _____
Address: _____
Employer: _____ Occupation: _____
Work Schedule: _____ Work Phone: _____ Cell: _____

Are birth parents separated? _____ Divorced? _____ Deceased? _____
If yes, who do the child(ren) live with? _____

If custodial restrictions exist, please provide a copy of the legal document setting forth the restrictions.

Emergency Contact Information: Please provide information for at least two people who we may contact in the event we are unable to contact the parent/guardian. The names provided are permitted to pick up the child from school.

Name: _____ Phone: _____
Relation to child: _____ Cell: _____

Name: _____ Phone: _____
Relation to child: _____ Cell: _____

Are there any Medical conditions which we should be aware of? _____
Specify and allergies to medications, bee stings, etc: _____
Transportation information (Check all that apply and indicate days):

Walker _____ Car Rider _____ Bus _____ After School Care _____