

EMERGENCY CONTACT INFORMATION

20 ___ - 20 ___

GRADE

STUDENT NAME: _____ BIRTHDAY: _____

Child likes to be called: _____

STREET ADDRESS: _____

CITY/TOWN/ZIP CODE: _____

HOME PHONE: _____

FAMILY RELIGIOUS AFFILIATION: _____ PARISH: _____

PARENT MARITAL STATUS: _____ HOME LANGUAGE: _____

MOTHER: _____ FATHER: _____

OCCUPATION: _____ OCCUPATION: _____

EMPLOYER: _____ EMPLOYER: _____

BUSINESS PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ EMAIL ADDRESS: _____

ALTERNATE EMAIL: _____ ALTERNATE EMAIL: _____

BROTHER/SISTER NAME _____ Grade _____

BROTHER/SISTER NAME _____ Grade _____

BROTHER/SISTER NAME _____ Grade _____

EMERGENCY CONTACTS

#1. NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____

PHONE: _____ CELL # _____

#2. NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____

PHONE: _____ CELL # _____

#3. NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____

PHONE: _____ CELL # _____

MEDICAL INFORMATION

PHYSICIAN NAME: _____ TELEPHONE: _____

DENTIST NAME: _____ TELEPHONE: _____

HOSPITAL: _____

SPECIAL CONCERNS: (ALLERGIES, MEDICATION, ETC.)

TRANSPORTATION:

WHO WILL TRANSPORT YOUR CHILD TO AND FROM SCHOOL?

Drop-Off _____

Pick-Up _____

Bus Student / Bus Number _____

After School (Circle the days.) Monday Tuesday Wednesday Thursday Friday

PLEASE LIST ANY OTHER INDIVIDUALS WHO HAVE YOUR PERMISSION TO PICK YOUR CHILD/CHILDREN UP FROM SCHOOL:

NAME: _____ RELATIONSHIP TO CHILD: _____

TEL: _____ CELL #: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

TEL: _____ CELL #: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

TEL: _____ CELL #: _____

******* If your child's method of transportation changes anytime during the year both the school office AND the classroom teacher must be informed in writing. *******

DESCRIBE YOUR CHILD IN 5 WORDS: (EXAMPLE: ENERGETIC, QUIET, ETC.)
