

STUDENT INFORMATION (PLEASE PRINT LEGIBLY OR COMPLETE IN PDF FORM AND FILL IN ALL FIELDS)

IN ORDER FOR THE SCHOOL TO HAVE THE MOST UP-TO-DATE INFORMATION, PLEASE COMPLETE AND RETURN THIS FORM BEFORE JULY 31ST

<u>STUDENT NAME</u>	<u>GRADE</u>	<u>DATE OF BIRTH</u>	<u>MALE/FEMALE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDRESS (ALSO MAILING ADDRESS IF DIFFERENT) INCLUDING CITY AND ZIP CODE. IF EITHER PARENT'S ADDRESS IS DIFFERENT, PLEASE LIST BOTH ADDRESSES.

_____	_____	_____	_____	_____	_____
HOME PHONE #	MOM'S CELL #	MOM'S WORK #	DAD'S CELL #	DAD'S WORK #	BEST DAYTIME CONTACT PERSON AND #

LIST ALL EMAILS TO WHICH SCHOOL CORRESPONDENCE SHOULD BE SENT: _____

RELIGION: _____ PARISH REGISTERED AT: _____

TRANSPORTATION TO SCHOOL: CAR _____ BUS _____ Morning bus pick-up address: _____

TRANSPORTATION FROM SCHOOL: CAR _____ BUS _____ Afternoon bus drop-off address: _____

If drop-off is a Sitter or Day Care please provide: PROGRAM NAME _____ PHONE NUMBER _____

IN CASE OF EARLY DISMISSAL DUE TO BAD WEATHER, CHILD IS TO GO HOME: _____ SAME AS ABOVE or _____ ALTERNATE WAY (SPECIFY)

IN THE CASE OF ALL EMERGENCIES, ST. PETER/ST. FRANCIS SCHOOL WILL FIRST ATTEMPT TO CONTACT ONE OR BOTH PARENTS. IN THE EVENT THAT ST. PETER/ST. FRANCIS SCHOOL IS UNABLE TO CONTACT EITHER PARENT, **PLEASE LIST 2 OTHER RESPONSIBLE PARTIES (INCLUDING RELATIONSHIP AND PHONE NUMBER) WHOM ST. PETER/ST. FRANCIS SCHOOL MAY CONTACT.**

NAME / RELATIONSHIP / TELEPHONE NUMBER

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IN CASE OF EMERGENCY AND IN THE EVENT THAT ALL OPTIONS AS LISTED ABOVE HAVE BEEN EXHAUSTED, PLEASE INDICATE THE ACTION(S) TO BE TAKEN BY ST. PETER/ST. FRANCIS SCHOOL:

_____ CALL DR. _____ @ _____ AND PROCEED AS INSTRUCTED;

_____ TRANSPORT MY CHILD TO THE EMERGENCY ROOM;

_____ HOLD MY CHILD AT ST. PETER/ST. FRANCIS SCHOOL UNTIL I CAN BE REACHED;

_____ PROCEED ACCORDING TO THE BEST JUDGMENT OF THE SCHOOL NURSE OR PRINCIPAL;

_____ OTHER: _____

THIS INFORMATION WILL REMAIN ON FILE IN THE SCHOOL OFFICE DURING YOUR CHILD'S ENROLLMENT AT ST. PETER/ST. FRANCIS SCHOOL. UPDATES AND CORRECTIONS WILL BE REQUESTED, ANNUALLY, TOGETHER WITH YOUR SIGNATURE BELOW. **AS PARENT OR LEGAL GUARDIAN, YOU WILL BE RESPONSIBLE TO NOTIFY THE SCHOOL OFFICE OF ANY NECESSARY CHANGES IN THE INTERIM.** AFTER YOU HAVE COMPLETED THE INFORMATION, PLEASE SIGN AND DATE BELOW AND RETURN TO THE SCHOOL OFFICE.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE