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Student Name (F, M, L)	Date of Birth	Baptism Date	Father's Name	Mother's Name	Guardian's Name

Parents at same address? If not, describe student's living arrangements.

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Primary Residence Address	Home Phone	Father's Cell	Mother's Cell

Secondary Residence	Secondary Residence Parent (Other)	Relationship to Student

Father's Place of Employment	Mother's Place of Employment
Company Name	Company Name
Phone	Phone
Extension	Extension

Family Physician	Address: City and State	Telephone	Extension

Name	Relationship to Child	Emergency Contacts		Cell Phone
		Daytime Telephone	Extension	

I understand that in the final disposition of an emergency, the judgment of the school authorities will prevail. When the above information needs to be changed, I will notify the principal in writing.

Please send the school newsletter, Hoofprints in \_\_\_\_\_ email form \_\_\_\_\_ paper form Need second copy for non-custodial parent? \_\_\_\_\_

Parent email address \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_