

**FAMILY INFORMATION FORM**

Family Name \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Business \_\_\_\_\_ Business \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Bus. Phone (    ) \_\_\_\_\_ Bus. Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Religion/Parish \_\_\_\_\_ Religion/Parish \_\_\_\_\_

Marital Status Mar. Sing. Div. Remarried    Marital Status Mar. Sing. Div. Remarried

**EMERGENCY INFORMATION – Must be LOCAL contacts**

Person(s) to call if parents cannot be reached or that may pick child up from school

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

**MEDICAL INFORMATION**

Child's physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Physician Address \_\_\_\_\_

Consent for emergency care:

I/We \_\_\_\_\_ (Parent/Guardian) do hereby give consent to the Principal/designated adult at St. Edward School for \_\_\_\_\_

(child/ren's names) to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Principal or duly appointed representative to transport said child for emergency medical treatment if parents cannot be reached.

\_\_\_\_\_  
Signed by Parent/Guardian

\_\_\_\_\_  
Date

**PLEASE LIST INDIVIDUAL STUDENT INFORMATION ON BACK**

**CONTINUED ON BACK ----- TURN OVER**

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**STUDENT INFORMATION**

1. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Applying for - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: Male Female Ethnic Background \_\_\_\_\_

School attended last year: \_\_\_\_\_

Religion \_\_\_\_\_ Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place \_\_\_\_\_

If this child has any allergy, disability, medical condition, handicapping condition, or other pertinent information that would require accommodation or about which school personnel should be aware, please explain here:

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2. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Applying for - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: Male Female Ethnic Background \_\_\_\_\_

School attended last year: \_\_\_\_\_

Religion \_\_\_\_\_ Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place \_\_\_\_\_

If this child has any allergy, disability, medical condition, handicapping condition, or other pertinent information that would require accommodation or about which school personnel should be aware, please explain here:

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3. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Applying for - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: Male Female Ethnic Background \_\_\_\_\_

School attended last year: \_\_\_\_\_

Religion \_\_\_\_\_ Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place \_\_\_\_\_

If this child has any allergy, disability, medical condition, handicapping condition, or other pertinent information that would require accommodation or about which school personnel should be aware, please explain here:

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4. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Applying for - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: Male Female Ethnic Background \_\_\_\_\_

School attended last year: \_\_\_\_\_

Religion \_\_\_\_\_ Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place \_\_\_\_\_

If this child has any allergy, disability, medical condition, handicapping condition, or other pertinent information that would require accommodation or about which school personnel should be aware, please explain here: