

FAMILY REGISTRATION 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 _____ Marital Status _____

EMERGENCY INFORMATION – We need 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

STUDENT INFORMATION

1. Student Name _____ Date of Birth _____
Grade Applying for - _____
SSN: _____ - _____ - _____ Gender : Male Female _____

Religion _____ Ethnic Background _____

Attended here before? Y N If No, list school attended _____

Baptism / / _____ Place _____

If there any allergies, medical conditions or pertinent information about which school personnel should be aware, please explain below:

2. Student Name _____ Date of Birth _____
Grade Applying for - _____
SSN: _____ - _____ - _____ Gender : Male Female _____

Religion _____ Ethnic Background _____

Attended here before? Y N If No, list school attended _____

Baptism / / _____ Place _____

If there any allergies, medical conditions or pertinent information about which school personnel should be aware, please explain below:

3. Student Name _____ Date of Birth _____
Grade Applying for - _____
SSN: _____ - _____ - _____ Gender : Male Female _____

Religion _____ Ethnic Background _____

Attended here before? Y N If No, list school attended _____

Baptism / / _____ Place _____

If there any allergies, medical conditions or pertinent information about which school personnel should be aware, please explain below:

4. Student Name _____ Date of Birth _____
Grade Applying for - _____
SSN: _____ - _____ - _____ Gender : Male Female _____

Religion _____ Ethnic Background _____

Attended here before? Y N If No, list school attended _____

Baptism / / _____ Place _____