

ALL SAINTS CATHOLIC ACADEMY 2009-2010 INFORMATION FORM

Family _____

Home Address _____

Home Telephone Number _____

Town, State, Zip Code _____

Father's Name _____

Mother's Name _____

Company Name _____

Company Name _____

Work Telephone _____

Work Telephone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

PARISH _____ Previous School & Address (new student) _____

<u>Student's Name</u>	<u>Date of Birth</u>	<u>Grade</u> (example 2A, 3B, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of medical emergency, parents will be contacted first. Please indicate the order in which you, THE PARENT, want to be contacted.

<u>Parent</u> (please circle)	<u>Phone</u>	<u>Circle</u>
Call 1 st : MOTHER FATHER	_____	Home/Work/Cell
Call 2 nd : MOTHER FATHER	_____	Home/Work/Cell
Call 3 rd : MOTHER FATHER	_____	Home/Work/Cell

Please list THREE ADDITIONAL people, other than parents, who can be contacted to pick up your child during the school day in the event parents cannot be reached.

- Name _____ Relationship to Child _____ Phone _____
- Name _____ Relationship to Child _____ Phone _____
- Name _____ Relationship to Child _____ Phone _____

IN THE CASE OF EMERGENCY CLOSING, PARENTS WILL BE NOTIFIED BY THE HONEYWELL INSTANT ALERT SYSTEM.

____ I HAVE UPDATED MY HONEYWELL PROFILE SO THAT I CAN BE CONTACTED WHEN NOT AT HOME FOR EMERGENCY CLOSINGS.

PLEASE REMEMBER THERE IS NO AFTER CARE ON EMERGENCY CLOSING DAYS.

How will your children get home?

In the event of an emergency closing, our children will..... (Check one)

_____ walk home

_____ take the bus

_____ stay at school and be picked up immediately.

NO CHANGES CAN BE MADE TO THIS PLAN ON THE DAY OF AN EMERGENCY CLOSING

ALL SAINTS CATHOLIC ACADEMY MEDICAL INFORMATION 2009-2010

Family Name _____

<u>Student's Name</u>	<u>Grade</u>	<u>Allergic to</u>	<u>Medication</u>	<u>Medical Problem</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical Doctor

Name _____

Address _____

Telephone _____

Dentist

Name _____

Address _____

Telephone _____

Home Situation (check all that apply)

Parents reside together _____

Parents separated _____

Single Parent Home _____

Parents divorced _____

Where parents are separated/divorced, who has legal (residential) custody?

(A copy of legal custody papers should be submitted to the school office and will be kept in the Principal's Office.)

It is understood that, in the final disposition of an emergency case, school authorities will proceed to make home contact with parents first, and then the additional emergency contact names listed on the front side of this form. This authorization states that in the event of a medical emergency, the school shall have the legal right to take the student to the hospital or doctor's office in the event a parent or guardian or emergency contact cannot be reached in time for medical attention or care.

Where possible, please have both parents place signatures below.

Date Signature of Parent/Guardian Signature of Parent/Guardian

The information on this form must be kept updated. If there are any changes in any of the above information, please contact the school with the correct information.