

ALL SAINTS CATHOLIC ACADEMY 2011-2012 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) \_\_\_\_\_

Student's Name

Date of Birth

Grade (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.**

**Parent** (please circle)

**Phone**

**Circle**

Call 1<sup>st</sup>: MOTHER FATHER

\_\_\_\_\_

Home/Work/Cell

Call 2<sup>nd</sup>: MOTHER FATHER

\_\_\_\_\_

Home/Work/Cell

Call 3<sup>rd</sup>: 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.**

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

3. 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**

For Office Use Only:

Date of Registration \_\_\_\_\_ Registration Fee \_\_\_\_\_ Book Fee \_\_\_\_\_ HSA Fee \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**ALL SAINTS CATHOLIC ACADEMY MEDICAL INFORMATION 2011-2012**

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?**

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**(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.**