

# ALL SAINTS CATHOLIC ACADEMY 2018-2019 INFORMATION FORM

Family Name \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_  
 Town, State, Zip Code \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Previous School & Address (New Students Only) \_\_\_\_\_

PARISH \_\_\_\_\_

<u>Student's Name</u>	<u>Date of Birth</u>	<u>Circle</u>	<u>Grade (for Sept. 2018)</u> (Pre K Half or Full)
_____	_____	M or F	_____
_____	_____	M or F	_____
_____	_____	M or F	_____
_____	_____	M or F	_____

**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 <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 ALERT SOLUTIONS ALERT SYSTEM. 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 immediately      \_\_\_\_\_ take the bus      \_\_\_\_\_ stay at school and be picked up

(Please turn over and complete other side)

**FOR OFFICE USE ONLY:**

Registration Date ____/____/____	Registration Fee _____	Book Fee _____	HSA Fee _____	Check # _____ Cash _____	Tuition Amt _____
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# ALL SAINTS CATHOLIC ACADEMY 2018-2019 INFORMATION FORM

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
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**(Please complete both sides of this form)**

**The information on this page must be kept up to date. Any changes please notify the office immediately.**

<b>Registration Date</b> ___/___/___	<b>Registration Fee</b> _____	<b>Book Fee</b> _____	<b>HSA Fee</b> _____	<b>Check #</b> _____	<b>Tuition Amt</b> _____
				<b>Cash</b> _____	