

ST. ANN SCHOOL
 STUDENT DATA AND EMERGENCY FORM
 Grade entering _____ for school year 2012-2013

STUDENT'S NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

PHONE #: _____ SEX: Male / Female BIRTHDATE: _____

RACE: Native American (tribe): _____ Hispanic, Black, Asian, Caucasian, Multi-Racial, Other

FAMILY INFORMATION

Please list names and birth dates of children not attending St. Ann School

Name _____	D.O.B. _____	Name _____	D.O.B. _____
------------	--------------	------------	--------------

Name _____	D.O.B. _____	Name _____	D.O.B. _____
------------	--------------	------------	--------------

Father

Last _____	First _____	MI _____
------------	-------------	----------

Place of Employment _____	Bus. Phone # _____
---------------------------	--------------------

Marital Status _____	Religion _____
----------------------	----------------

Language in home _____	Education _____
------------------------	-----------------

Mother

Last _____	First _____	MI _____
------------	-------------	----------

Place of Employment _____	Bus. Phone # _____
---------------------------	--------------------

Marital Status _____	Religion _____
----------------------	----------------

Language in home _____	Education _____
------------------------	-----------------

CHILD LIVES WITH: (circle as many as apply)

- | | | | |
|-------------------|-------------------|---------------|----------|
| Biological Father | Biological Mother | Brother | Uncle |
| Step Father | Step Mother | Sister | Aunt |
| Grandfather | Grandmother | Foster Parent | Guardian |

NAME OF STEP PARENT AND / OR LEGAL GUARDIAN: _____

PARISH DATA

We are registered members of _____ Parish.

We attend _____ Parish.

We live within the boundaries of this Parish: _____ Yes _____ No

SACRAMENT(S) THIS CHILD HAS RECEIVED (IF APPLICABLE)

Baptism: _____ Confirmation: _____ 1st Communion: _____
MM/DD/YY MM/DD/YY MM/DD/YY

(Please complete reverse side regarding medical information)

OFFICE USE ONLY

\$40 Reg. Fee _____ Imm. _____ B.C. _____ Bap. _____ IUP _____ Sac. Form _____

Medical Treatment Release for (student name) _____

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Reason for which release is intended: _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

Health Information: Please list any allergies (including food), medication or medical problems your child may have.

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

Emergency Contacts:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child is a: Walker Car rider Bus rider on Bus #

I understand the rights and responsibilities pertaining to students and agree to support and abide by all rules, guidelines, procedures and policies of St. Ann School. I also understand that it is my responsibility to update my child's information if any changes occur during the school year.

Parent/Guardian Signature: _____ Date: _____