Celebrating Over 100 Years of Academic Excellence

EMERGENCY CONTACT INFORMATION

Date :_____________	Grade In September: ___________________	School Year: 2019-2020

Student Last Name:	First Name:	MN

Siblings Attending St. John's	Grade:
1.	
2.	
3	

Home Address:	Apt:	City:	Zip Code:

Student D.O.B. _______________	Place Of Birth:	Gender ☐ Male ☐ Female

Child Resides With: ☐ Both Parents ☐ Mother ☐ Father ☐ Relatives ☐ Guardian

Mother/Guardian Information: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Deceased

Mother's Name:	Occupation:

Company Name & Address:

Religion:	Primary Language:

Home Phone: (____) _____-__________	Cell (____) _____-__________	Work: (____) _____-__________

Email:

Father/Guardian Information: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Deceased

Father's Name	Occupation:

Company Name & Address:

Religion:	Primary Language:

Home Phone: (____) _____-__________	Cell (____) _____-__________	Work: (____) _____-__________

Email:

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In Case Of Emergency And Parents Are Not Available To Contact:		
Name:	Relationship	(____) _____-__________
Name:	Relationship	(____) _____-__________
Name:	Relationship	(____) _____-__________
Person(s) Authorize To Pick Up Your Child		
Name:	Relationship	(____) _____-__________
Name:	Relationship	(____) _____-__________
Name:	Relationship	(____) _____-__________
Medical Information		
Is your child under medical care or taking any medication(s)? ☐ Yes ☐ No		
If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school.		
☐ Bee Sting Allergy ☐ Epi-pen ☐ Asthma ☐ Inhaler ☐ Vision/Hearing Other Allergies		
Physician's Name:	Address:	(____) _____-__________

In case of serious illness I request that the school contact me. If they are not able to reach me, I hereby authorize to call the physician listed below and to follow his/her instructions. If it is impossible to contact the physician, the school may make arrangements, which they deem necessary.

Parent Signature ____ Date __________________________

Primary Language Spoken ☐English ☐Spanish ☐Chinese ☐Albanian ☐Singhala Other: ____________

Religion ☐Catholic ☐Non-Catholic ☐Christian ☐Buddhist Other: ______________________

Date Of Baptism:	Church Of Baptism	Current Parish

Ethnicity ☐ White ☐ African American/ Black ☐ Hispanic ☐ Asian ☐ Native American/Alaskan Native ☐ Hawaiian Native/Pacific Islander

Parents will notify St. John's School in writing of any changes in family addresses, telephone numbers and emergency contact information.

Mother's Signature____ Date_________________________

Father's Signature____ Date_________________________