

Student INFORMATION

Student's Name: _____

Home Address: _____

Home Telephone #: _____

Student's Date of Birth: _____ Baptized in Catholic Church: yes _____ no _____

Student's Weight: _____ Student's Height: _____

Mother's Name: _____

Work Telephone #: _____ Cell Telephone #: _____

E-mail Address: _____

Father's Name: _____

Work Telephone #: _____ Cell Telephone #: _____

Any known allergies or medical conditions the teacher should be aware of: _____

Does your child wear eyeglasses? _____ If so, for what reason? Example: Always, just for reading, just for blackboard. _____

- ❖ Please note: Should any of this information change during the school year, please notify the teacher ASAP. It is important that all the information be current should you have to be reached during any emergency situation.