

## Emergency Information

Child(ren) Doctor: _____ Phone: _____
In an emergency, may we call the doctor?    Yes    No
In an emergency, may we call an ambulance?    Yes    No
Emergency contacts (OTHER THAN THE PARENTS):
Primary Contact: _____
Name/Relationship                      Cell #                      Home #                      Work #
Secondary Contact: _____
Name/Relationship                      Cell #                      Home                      Work#
Please identify any special health concerns/allergies for your child:
_____
_____

## Student's Background:

Attends Church    Y    N    If yes, where? _____
Baptized    Y    N    If yes, where? _____ Year? _____
First Communion (2 <sup>nd</sup> grade and older) Y    N    If yes, where? _____ Year? _____
Previous School Attended _____
Reason for Leaving _____
_____
Has your child(ren) every been expelled from school?    Y    N    If yes, why?
_____
_____
Has your child(ren) ever been screened or evaluated for: ADD, ADHD, Learning Disabilities, or other areas which can impact learning?
Y    N    If yes, please explain. _____
_____
_____