

September 2010

Dear Parents/Guardians,

Each year we are responsible for verifying each student's individual profile for accuracy. Kindly take a minute to **complete both sides** of the information form below and return it to your child's home room teacher by **Tuesday, September 14th**. We need one form for each child. Thank you for your cooperation. The faculty and I look forward to working with you this year.

Respectfully,

Jane Ellen Lockhart
Mrs. Jane Ellen Lockhart
Principal

Name of student _____
Grade _____ Student's date of birth _____
Student's Social Security number _____
Student's Address _____
City, State and Zip Code _____
Student's Home Phone Number _____
Family's E Mail Address _____

Father's First and Last Name _____
Father's Work Phone Number _____
Mother's First and Last Name _____
Mother's Work Phone Number _____
Name of Parish in which your family is registered _____

Please list the first and last name and grade of all siblings who presently attend Mother of Divine Grace School.

Name	Grade
_____	_____
_____	_____
_____	_____

Please list the name of the person or people who are financially responsible for this child's school tuition and fees.

Name _____
Address _____
City, State and Zip Code _____
Phone Number _____

Please complete the other side of this form.

Student's Information for _____

Please check each sacrament that your child has received.

_____ Baptism

_____ Penance

_____ Holy Eucharist

_____ Confirmation

If an emergency arises who should we contact first. **Please realize that in case of an emergency we may not be able to contact you if you only list a cell phone number.**

Mother at this phone number _____

Father at this phone number _____

Please list two other people we may contact if Mother or Father cannot be reached in case of an emergency.

Name _____

Relationship to child _____

Emergency phone number _____

Name _____

Relationship to child _____

Emergency phone number _____

In case of an emergency school closing due to inclement weather or emergency what should your child do? Please remember we do not have the resources for each child to use the office phone.

_____ wait for pick up at the school office

_____ My child will be walking home or be going to...(to a relative's or neighbor's house, etc.) _____

and my child knows this plan in case of emergency.

Please list any known allergies (food, medicine, insect, etc.) that your child has.

Please list any medication that your child is presently taking.

Please list any special medical history. Please list any serious illness, contagious disease, serious injury or operation during this past year.

Has your child received any immunizations during this year? _____

If yes, list kind and date given. _____

Please list the name and phone number of your child's doctor. _____

