

**Family Information Form  
2019-20 School Year**

Parent Name(s): \_\_\_\_\_

|                    |                   |        |       |
|--------------------|-------------------|--------|-------|
| Student(s) name(s) | Date(s) of birth: | Grade: | SSN:  |
| _____              | _____             | _____  | _____ |
| _____              | _____             | _____  | _____ |
| _____              | _____             | _____  | _____ |

Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

If divorced, please list spouse's name, address, and telephone number for the Directory:

\_\_\_\_\_

Cell Phone(s): Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Place of employment & number: Father: \_\_\_\_\_

Mother: \_\_\_\_\_

e-mail address(es): \_\_\_\_\_

**Emergency Information:** Please list person(s) in order of preference to call in case of emergency when parents cannot be reached. Name and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information:** Does your child(ren) have asthma, any allergies or reactions to food, insects, etc.? Please list child's name and any allergies and treatment.

\_\_\_\_\_  
\_\_\_\_\_

Physician's name and phone no. \_\_\_\_\_

**Please check the following medicines the school has permission to administer to your child:**  
\_\_\_\_\_ Tylenol    \_\_\_\_\_ Benadryl Tablets    \_\_\_\_\_ Pepto-Bismol    \_\_\_\_\_ Ibuprofen  
**The school personnel will treat only minor injuries (cuts, scrapes, wasp stings, etc.) You will be called as soon as possible if your child appears to need medical care, or if your child asks to call you. If there is any question about an injury, we will call you.**

\*\*We agree that this form is a commitment for enrollment for the entire school year 2019-20. We have read the Tuition and Fee Information brochure, which lists Registration Fee information, Workbook/Activity, Work Deposit, Fundraising, and Tuition Information. **We understand and agree that no official Student records will be forwarded or report cards sent home until all money due the School has been paid.**

\_\_\_\_\_  
Parent or Guardian Signatures **(both parents must sign)**

\_\_\_\_\_  
Date