

Father/Guardian:

Last Name First Name Middle Name

Home Phone _____ Cell Phone _____ Carrier _____

Place of Employment _____ Occupation _____

Father's Address (if different than student): _____
House Number Street Name

City State Zip

If parents are divorced/separated, with whom does the student reside? _____

Who has legal custody? _____ **physical custody?** _____

Medical Information: Please list any allergies that your child may have _____

Please list any medical conditions your child may have: _____

Please list names and ages of siblings: _____

Emergency Information – please provide two or three emergency contacts other than parents:

Last Name First Name Phone Number Relationship

Last Name First Name Phone Number Relationship

Last Name First Name Phone Number Relationship

In the event that my child becomes ill or injured and I cannot be reached, please proceed with proper first aid and/or emergency medical care for my child.

Parent Signature/s **Date**

I understand that new students will be on probation academically and behaviorally during the first quarter in which they are enrolled at Our Lady of Sorrows Catholic School.

Parent Signature/s **Date**