



Student Information/Emergency Form 2018-2019
(Please fill this form out completely!!)

Student's Name _____ Homeroom Teacher _____

DOB _____ Social Security # _____ Gender _____ Race _____

Religion: Catholic or Non-Catholic Parish: Orleans or Other

Address _____ City, State, Zip _____

Child Resides: Both Parents Mother Father Grandparents Guardian/Relative _____

Mother's Name _____ Cell Phone _____

Email _____ Home Phone _____

Father's Name _____ Cell Phone _____

Email _____ Home Phone _____

Pediatrician's Name _____ Phone Number _____

Special Health Conditions _____

Medication(s) taken on a regular basis _____

List of people who may pick up student (including after school programs)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

We will **NOT** permit a student to leave campus with a classmate, friend, or other family member who is not listed above. Please send a note to the office if someone who is not listed on this form will pick up your student.

“... a Christ centered family...”