

Student Last Name:

Grade:

Saint Michael School
Student Information/Emergency Form
2010-2011

Please *neatly* complete both sides of form. 1 per student. Thank you.

Student Information:

Name: _____

Address: _____

Home Phone Number: _____

Date of Birth: _____ Religion: _____

Family Parish: _____

Primary E-mail*: _____

Student Lives with (please circle):

Mother and Father Mother Father Other (please explain) _____

Mother's Information:

Mother's Name: _____

Address (if different): _____

Home Telephone (if different): _____

Cell Phone Number: _____

Business Telephone Number: _____

Email Address: _____

Employer: _____ Occupation: _____

Religion: _____

Father's Information:

Father's Name: _____

Address (if different): _____

Home Telephone (if different): _____

Cell Phone Number: _____

Business Telephone Number: _____

Email Address: _____

Employer: _____ Occupation: _____

Religion: _____

Emergency Contact Information:

Please list **three (3)** emergency contacts that we may contact when you cannot be reached promptly:

Name	Relationship to child	Telephone Number
------	-----------------------	------------------

Name	Relationship to child	Telephone Number
------	-----------------------	------------------

Name	Relationship to child	Telephone Number
------	-----------------------	------------------

SEE OTHER SIDE

I understand that in the case of an emergency that every attempt will be made to contact me but if necessary, my child may be transferred into the care of an EMT and transported to the nearest facility for treatment. A school employee will travel to the hospital to stay with my child until a family member arrives.

Parent Signature _____ **Date** _____

Student Transportation:

Please indicate below how your child will be getting to and from school. If it differs by day, please indicate what days the child will be traveling by which means.

Student gets to school by (please check)

School Bus ____ If so, Bus # _____ Car _____ Walk _____

Student gets home from school by (please check):

School Bus ____ If so, Bus # _____ Car _____ Extended Day _____

Walk _____ If walking will a parent or other adult be meeting the child at the school? Yes _____ No _____

Other _____

Parents please read and sign below:

I understand that any change in the dismissal information above must be submitted to the school in writing or my child will be sent home in the manner listed above.

Parent Signature _____ **Date:** _____

*** This will be the Email address that we will use to send School Information home.**