

St. John the Apostle School

Inspiring Mind & Soul



September 2020

Dear Parents/Guardians:

In order to maintain our records, please print information clearly and sign the information on **both sides** of the paper. **You need to fill out one per child.** Please include only the information requested. This form will remain in the school office.

Please provide email that is most often used.

Please remember to let the office know if there are any changes immediately.

Student name _____ **Teacher/Homeroom** _____

Home/evening phone _____

Parent/Guardian #1 name _____

Daytime phone _____

Cell phone _____

Email: _____

Parent/Guardian #2 name _____

Daytime phone _____

Cell phone _____

Email: _____

The above information will be used for our automated phone notification system. Please be aware that calls will be made to either the home number and/or the daytime/cell numbers to advise you of different events and situations that take place during the school year.

In the case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician or the situation requires immediate attention, the school may make whatever arrangements they deem necessary.

Print Parent/Guardian Name

Signature of Parent/Guardian Name

Date

Allergies or other conditions: _____

Physician _____

Phone _____

List 2 emergency contacts, other than yourself who can be easily reached in your absence.

Emergency name #1 _____

Daytime phone _____

Cell phone _____

Emergency name #2 _____

Daytime phone _____

Cell phone _____

Please note that there is room for **ONLY TWO** emergency names.