

PARENTS: PLEASE FILL IN ALL BLANKS

FAMILY LAST NAME: _____

PRIMARY EMAIL ADDRESS FOR BILLING _____

PRIMARY EMAIL ADDRESS FOR COMMUNICATIONS _____

Student First & Last Name

Birthdate

Grade

FATHER (or Guardian):

Name: _____
Address: _____
City, State & Zip _____
Phone: _____

Employer: _____
Address: _____
City: _____ Phone: _____

MOTHER (or Guardian):

Name: _____
Address: _____
City, State & Zip _____
Phone: _____

Employer: _____
Address: _____
City: _____ Phone: _____

Emergency contact(s) - When a parent/Guardian cannot be reached: (ONE CONTACT MUST BE GIVEN)

Name: _____
Address: _____
Phone _____

Name: _____
Address: _____
Phone _____

I hereby give Blessed Sacrament authorities permission to give emergency medical treatment for my children at _____ Hospital in the event that neither parent can be reached.

Signed _____

Which parent should be contacted first in case of illness?
MOTHER **FATHER**

Medical conditions of which the school needs to be aware of:

Blessed Sacrament School Directory Information

Blessed Sacrament School will provide an electronic copy of the school directory around the middle of September for your convenience. Please list the address and phone number that you would like to have listed. Blessed Sacrament WILL NOT publish email address nor will we provide them if someone calls for them.

Address including city and Zip Code

Phone

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