



FAMILY INFORMATION FORM

Family	Name Student	Grade	Birthday
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Will Student attend school from a child care provider? Yes _____ No _____

Provider's Name _____ Phone: _____

After school student(s) will: _____ take bus; _____ be picked up by car; _____ walk home;
_____ attend SACC _____ other – explain: _____

Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Employer _____ Occupation _____

Email address _____

Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Employer _____ Occupation _____

Email address _____

Marital Status of: Father _____ Marital Status of: Mother _____

Student lives with: _____ both parents _____ mother _____ father _____ guardian

Religion: _____ Catholic _____ Other _____

If Catholic Parish: _____

Ethnicity: _____ African American _____ Hispanic _____ Native American _____ White

_____ Asian _____ Multiracial

(over)

In case of sickness or emergency, please call (other than guardian) (in the following order)

1. Name _____ Relationship _____

Home Phone _____ Work or Cell Phone _____

2. Name _____ Relationship _____

Home Phone _____ Work or Cell Phone _____

Family Physician and Clinic: _____ Phone _____

IN CASE OF AN EMERGENCY YOUR CHILD WILL BE TAKEN BY AMBULANCE TO :

Name of Hospital _____

Please list any significant health problems your child may have such as:

___ Bee Sting Allergies explain: _____

___ Food Allergies explain: _____

___ Diabetes, seizures, etc. explain: _____

___ Medication Allergies explain: _____

___ Current Medication explain: _____

___ Asthma explain: _____

___ Other explain: _____

I authorize the staff of Guardian Angels School to: Yes ___ No ___ Call ambulance or provide medical care in case of serious illness or injury.

Family Dentist _____ Phone _____

Only the following people are authorized to pick up my (child/children) from G.A. School.

1. Name _____ Relationship _____

Phone number _____

2. Name _____ Relationship _____

Phone number _____

3. Name _____ Relationship _____

Phone number _____

_____ Date _____

Signature of parent or guardian

For Office use only

Date enrollment _____

By _____

Grade _____

TADS _____