



HOLY SPIRIT CATHOLIC SCHOOL
BE IN THAT NUMBER

Family Information Sheet

(Family Name)

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Address _____

No. Street Apt# City State Zip

Telephone# home _____ Email _____

Father's Name _____ Mother's Name _____

Cell Phone # _____ text messaging Cell Phone # _____ text messaging

Additional Information for Student's Records

Father's Employer _____ Job Title _____ Phone # _____

Mother's Employer _____ Job Title _____ Phone # _____

Please indicate how you wish all school mail to be addressed, including the address of parent if not residing with student(s). Be sure to include titles (e.g. Mr., Mrs., Ms., etc.).

Name(s) _____

Address(s) _____

Unless we have court records on file that state otherwise,
both parents have access to the student and his/her education records.

Check where appropriate: *Parents Together*___ *Parents Separated*___ *Parents Divorced*___
*Father Remarried*___ *Mother Remarried*___ *Father Deceased*___ *Mother Deceased*___

Student(s) resides with: *Both Parents*___ *Mother*___ *Father*___ *Other*___

Ethnic Origin* ___*American Indian/Native Alaskan* ___*Asian* ___*African American* ___*Hispanic*
___*Native Hawaiian/Pacific Islander* ___*Caucasian* ___*Multi-Racial*

** For statistical purposes only*

Religious Affiliation _____ Parish/Church Attending _____

Paternal Grandparents _____

Address _____

Telephone# home _____ **Email* _____

Maternal Grandparents _____

Address _____

Telephone# home _____ **Email* _____

*Emails will be used to send them copies of our monthly news magazine.

List any family members who attend or have attended Holy Spirit Catholic School or
St. John's School:

Name	Relationship	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate all persons with permission to check-out or pick the student(s) up from school:

Name	Drivers Lic. #	Relationship	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any illnesses, allergy, or other pertinent medical information. Explain actions that need to be taken:

Student name _____ *has* _____. *Please take the following action;* _____

Student name _____ *has* _____. *Please take the following action;* _____

Student name _____ *has* _____. *Please take the following action;* _____

I give permission for my child to be taken to the nearest facility for treatment in case of emergency.
Yes ___ No ___

Medical Insurance Company _____ *Name of policy holder* _____
Policy # _____

Holy Spirit Catholic School does not supply medications of any kind. In the event that my child requires medication during the school day, I will send the medication along with a completed medication form to the health room/office. Yes ___ No ___

Please list in the order of preference up to four contacts. These are the contacts that will be notified in cases of illness, emergency, academic and/or discipline issues. Mailings will only go to the address listed for the student(s).

Contact 1 _____ *Relationship* _____
Phone # _____ *Cell Phone #* _____ *E-mail* _____

Contact 2 _____ *Relationship* _____
Phone # _____ *Cell Phone #* _____ *E-mail* _____

Contact 3 _____ *Relationship* _____
Phone # _____ *Cell Phone #* _____ *E-mail* _____

Contact 4 _____ *Relationship* _____
Phone # _____ *Cell Phone #* _____ *E-mail* _____

To insure that records are accurate, please notify the school if there are changes to your family's information.