

EMERGENCY INFORMATION

Student Last Name _____ Student First Name _____ MI _____

Street Address: _____ Home Phone: _____

Town: _____ State: _____ Zip Code: _____ Birth Date: _____

Name of parent(s)/guardian(s) with whom the child resides: _____

Father:

Last Name	First Name	Home Phone
_____ / _____		

Occupation	Place of Employment	Work Phone	Cell Phone
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Mother: _____

Last Name	First Name	Home Phone
_____ / _____		

Occupation	Place of Employment	Work Phone	Cell #
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Emergency Contacts: In the event of an emergency, parents/legal guardians will be notified first. Please list, in order of priority, those people whom the school is to contact if a parent/ guardian cannot be reached.

Name	Address	Relationship	Phone	Cell Phone
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Name	Address	Relationship	Phone	Cell Phone
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Name	Address	Relationship	Phone	Cell Phone
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Name	Address	Relationship	Phone	Cell Phone
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Total number of children attending St. Joseph School: _____

Student's Physician: _____ Phone: _____

PARENT'S/Legal Guardian: SIGNATURE: _____ DATE: _____

PARENT'S/Legal Guardian: SIGNATURE: _____ DATE: _____