



ST. PATRICK SCHOOL
REGISTRATION FORM



Student Information

Student's Full Name: _____

Student's Birthdate: _____ Grade Level: _____

Address: _____ City, State: _____

Gender: _____ Bus Rider (must be 4 years old) Yes No

Contact Information

Student lives with Mother Father Both Other

(please specify if other) _____

Parent/Guardian name: _____ Parent/Guardian name: _____

Relationship to student: _____ Relationship to student: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Please list other children living in the same household with ages:

Other Contacts

(List someone other than yourself, who agrees to care for and provide transportation for your child if he/she becomes ill and you cannot be reached.)

Name: _____ Relationship to student: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Name: _____ Relationship to student: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Emergency Information (Please fill out thoroughly)

Student's Doctor's Name:	Hospital Choice:
Doctor's Telephone Number:	Does the child have health insurance? ___Yes, Company _____
Doctor's Address:	ID # _____ ___No
Student's Dentist's Name:	Does the child have dental insurance? ___Yes, Company _____
Dentist's Telephone Number:	ID# _____ ___No
Dentist's Address:	

In the event of an emergency, the school is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the school is unable to immediately make contact with the parent/guardian.

Yes No

Parent/Guardian Signature: _____

Medical Alert

Please list any medical conditions/circumstances such as asthma, diabetes, allergies, seizures, etc:

Please list any medications taken daily by student: _____

Any other information that you feel the school personnel should be aware of:

Printed name of person filling out form: _____

Signature of person filling out form: _____

Relationship to student: _____ Date: _____