

(Please complete for EACH CHILD and return to school by Thursday, September, 10th)

ST. MONICA SCHOOL

Student Last Name _____

STUDENT-Update + EMERGENCY Information Form - 2015-2016

Student Name	Address	DOB	Grade	Room

Mother's Name _____

Living _____ Deceased _____

Father's Name _____

Living _____ Deceased _____

Home Phone	Emergency #	Mother's cell	Father's cell	Relative—Neighbor Name and #

LUNCH TIME ARRANGEMENTS:

Child will remain in school _____

Child will go home for lunch _____

Special arrangements for dismissal or picking up child:

CARES:

My child will attend CARES

(Grades 1 – 2 Jr. Sc.) yes _____

no _____

(Grades 3 – 6 Sr. Sc.) yes _____

no _____

MEDICAL NEEDS: _____

MEDICATIONS CHILD IS TAKING:

PARENTS: ___MARRIED ___SEPARTATED ___DIVORCED ___RE-MARRIED

Custody papers: Copy in school office ___yes ___no

Custody of child if not parent _____

Relation of custodial person _____

What information do we have to know about custody orders:
