



**Mother/Guardian** (This is the primary care taker of the student and resides with the student)

Title: \_\_\_\_\_ (Mrs., Dr., Ms., etc.) Relationship to child: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Ext. \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Father**

Title: \_\_\_\_\_ (Mr., Dr., etc.) Relationship to child: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Ext. \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact**

Title: \_\_\_\_\_ (Mr., Mrs., Dr., Ms., etc.) Relationship to the child: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Ext. \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Is this person allowed to pick-up the student after school?                      Yes    No

Allergies or Other Medical Needs \_\_\_\_\_

If your child receives an IEP during the upcoming school year, or if a current IEP changes, St. Helen Catholic Academy may or may not be able to comply with it. A conference will be required.

Signature \_\_\_\_\_