

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 _____