

STUDENT INFORMATION FORM

2017-2018

**PLEASE PRINT - FILL OUT ALL INFORMATION COMPLETELY
RETURN TO HOME ROOM TEACHER: ONE SHEET PER FAMILY**

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Family Name, if different from student _____

Parish _____

*** Formal address with whom student lives

Name _____

Address _____ City/Zip Code _____

Phone Number _____

(Do you want to receive alerts on above phone number from SJF? Yes____ No____)

Mom's Cell _____ Dad's Cell _____

(Do you want to receive alerts on above cell phones from SJF?)

(Text: Yes____ No____ Phone Calls: Yes____ No____)

Primary E-Mail _____ Secondary Email _____

(Do you want to receive alerts on above email from SJF? Yes____ No____)

Father's Name _____ Occupation/Business _____

Business Email _____ Phone _____

(Do you want to receive alerts on above email? Yes____ No____ Phone? Yes____ No____)

Mom's Name _____ Occupation/Business _____

Business Email _____ Phone _____

(Do you want to receive alerts on above email? Yes____ No____ Phone? Yes____ No____)

Non-Custodial Parent Address:

Name _____

Address _____

Does this non-custodial parent wish to receive copy of Progress Report? Yes____ No____

When is child allowed to leave school with non-custodial parent? _____

OVER→

***** IN CASE OF AN EMERGENCY/SICKNESS WHO WILL BE THE MAIN CONTACT:**

Name _____ Phone _____

PLEASE LIST IN PRIORITY THE NAMES OF THE PERSONS YOUR CHILD MAY BE RELEASED TO DURING AN EMERGENCY DISMISSAL.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

Please circle mean of transportation to/from school: Walk Car Bike

Car Pool - Car Pool Driver's Name: _____

<u>Child</u>	<u>Grade</u>	<u>Child</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child is a walker, please indicate how your child should go home.

Walk _____ Pick Up _____

Please list the persons who your child may be released to during a Regular School Day.

1. _____

2. _____

3. _____

4. _____

Parent's Name (Please Print): _____

Parent's Signature: _____

**If any time you wish to change any information, please contact the office.