

PRESENTATION BVM SCHOOL
STUDENT CONTACT INFORMATION 2009-10

(Please type or print)

Student's Name _____ Date of Birth _____ Grade _____ Room _____

Parents _____
Father's Full Name _____ Mother's Full Name _____

Guardian _____

Address _____
City _____ Zip _____

Parish _____ E-mail address: _____

Home Phone _____ Father's Cell # _____ Mother's Cell # _____
(check in front of primary number to be used for School Reach Parent Notification communications)

Work # (Father) _____ Work # (Mother) _____

Father's Occupation _____

Place of Business & Address _____

Mother's Occupation _____

Place of Business & Address _____

FOR CASES OF EMERGENCY, PLEASE FILL IN THE FOLLOWING:

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Persons to contact if you can't be reached (Must have at least 1 name)

Name _____ Phone # _____

Name _____ Phone # _____

Please note any special health conditions such as an allergy to any medication (antibiotics, tetanus or adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, asthma, etc.

I give permission for my child to be taken to the nearest hospital in an emergency if I cannot be reached.

Parent's Signature _____ Date _____

In case of early school closing where would you like your child to go if you are not at home?

1. Name of person _____ relationship _____
Phone # _____
Address _____ How will your child get there? _____
2. Name of person _____ relationship _____
Phone # _____
Address _____ How will your child get there? _____

If your child usually rides the bus do you prefer they wait for the bus? Y N

OFFICE USE ONLY
____ Tylenol card on file
____ Medication in Nurse's office