

LOURDES CATHOLIC SCHOOL INFORMATION FORM

2011-2012



Name of Student

Grade

Date of Birth

Address/City/State/Zip Code

Race/National Origin (please check all that apply): American Indian/Alaskan Native
 Asian Black-African American Hawaiian/Pacific Islander White
 Hispanic (if you have selected Hispanic, please include another origin from above)

Religion: _____ Baptismal Date/Church: _____

Contact 1st: _____ Contact 1st: _____
Mother/Guardian: _____ Father/Guardian: _____

Home Phone #: _____ Home Phone #: _____

Work Phone #: _____ Work Phone #: _____

Place of Work: _____ Place of Work: _____

Cell Phone #: _____ Cell Phone #: _____

Marital Status: Married Single Divorced Remarried Separated Widower
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If divorced, a copy of the Order of Dissolution must be on file in the school office.

Lives with student? Yes No Lives with student? Yes No

If No-Address: _____ If No-Address: _____

Parish: _____ Parish: _____

In case, the parents/guardians are not able to be reached, please list two additional contacts. Please make sure these individuals have agreed to this responsibility.

Name: _____ Name: _____

1st phone # to try: _____ 1st phone # to try: _____

2nd phone # to try: _____ 2nd phone # to try: _____

Relationship: _____ Relationship: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of Parent/Guardian

Date

I DO NOT want emergency care for my child. I want to be contacted.

Signature of Parent/Guardian

Date

-OVER-

Medical Insurance Information

Company Name: _____

Contract Number: _____

Physician _____

Phone Number _____

Dentist _____

Phone Number _____

Last Dental Visit _____

● **Blood Lead test (children age 6 years or under)**

Yes _____ Date _____ Result _____

No _____ I Don't Know _____

● May your child be treated at a hospital or clinic in the event of an emergency? _____ Yes _____ No

● Local hospital preference: _____

● Please list any health problem that the school should be aware of: _____

● Please list any medication your child takes regularly and the reason for taking it:

● Does your child have any allergies? _____ Yes _____ No

If yes, please list: _____

● Has your child had any serious illnesses, operations, or injuries that need to be reported to the school office?

_____ Yes _____ No If yes, please list: _____

Ourdes Catholic School is required by state law to have a copy of your child's immunization record and birth certificate. If they are not on file, please submit them to the school office. Please also submit to the school office a copy of the student's baptismal certificate if applicable.