

Divine Wisdom Catholic Academy

Family Contact Information 2018-2019

At the beginning of a new school year families are asked to answer the questions below so our school has all vital contact information updated to guarantee and maintain the well-being of your child. Even if your contact information has not changed, we ask you to complete this form as a way of verifying the information we have on file. **Please print all information clearly** and return this form to your child's homeroom teacher by Friday, September 8, 2017.

Please check if there are any changes from our previous record:_____

Student Name: _____ **Date of Birth:** _____ **M** _____ **F** _____
First Name Last Name mm/dd/year (please check)

Address: _____
Number Street Apt. # City State Zip Code

Student living with: _____
(please check) Both parents Mother Father Guardian/Other: Please state relationship

Student's Home Telephone No.: (____) _____ **Religion:** _____ **Ethnicity:** _____

Please list siblings, with grade(s) also attending the Academy: _____
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Mother's Name: _____ **Maiden Name:** _____ **Home Ph #:** (____) _____
First Name Last Name

Full Address: _____ **Apt. #** _____

Occupation: _____ **Work Phone #:** (____) _____

Cell Phone: (____) _____ **Religion:** _____ **Email:** _____ @ _____
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Father's Name: _____ **Home Phone #:**(____) _____
First Name Last Name

Full Address: _____ **Apt. #** _____

Occupation: _____ **Work Phone #:** (____) _____

Cell Phone: (____) _____ **Religion:** _____ **Email:** _____ @ _____
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Guardian's Name: _____ **Home Phone** (____) _____
First Name Last Name

Full Address: _____ **Apt. #** _____

Occupation: _____ **Work Phone #:** (____) _____

Cell Phone: (____) _____ **Religion:** _____ **Email:** _____ @ _____
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Please note: Students who become sick or injured during the school day are only permitted to go home if accompanied by a parent/guardian, or an adult designated by the parent/guardian.

In an emergency situation, if a parent/guardian cannot be reached, please provide the name(s) and relationship(s) of two people you wish called in order of preference:

_____ () _____ ()
First Name Last Name Relationship Home Phone No. Cell Phone No.

_____ () _____ ()
First Name Last Name Relationship Home Phone No. Cell Phone No.

Is there anyone who should NOT be picking up your child? If so, please explain the relationship, the circumstances and a description of this person.

Does your child have any allergies that the school should be made aware of?

Yes No

Does your child have asthma?

Yes No

Does your child use an inhaler?

Yes No

If yes, please specify:

Is your child currently under a physician's care, or taking regular medication?

Yes No

If yes, please specify:

Please share any information you feel the school should have on file regarding your child's health and well-being:

Are you, or any member of your family Virtus trained?

Yes No

List names

Parent/Guardian's Signature: _____ Date: _____