

STUDENT INFORMATION SHEET

Pupil's Full Name _____ Preferred Name _____ M ___ F ___

Address _____ Zip _____ Phone _____ Birthdate _____

Parent #1 _____ Cell Phone # _____

Occupation _____ Work Phone # _____

Parent #2 _____ Cell Phone # _____

Occupation _____ Work Phone # _____

Marital Status of Parents: Married _____ Divorced _____ Separated _____

Preferred E-Mail Address _____

Names, Age and Relationship of other children to above mentioned child _____

Of Members in Household _____ Name of Church Affiliation _____

MEDICAL INFORMATION

EMERGENCY: Does your child have a health problem which could result in an emergency (asthma, insect sting, food allergies, seizure, diabetes, bleeding problem, heart condition, other etc.)? Yes / No

If YES, please describe: _____

Will your child have an epinephrine auto-injector (i.e. Epi-pen, Auvi-Q) at school? Yes/ No

Will your child have a Rescue Inhaler at school? Yes/ No

Will your child have medication of any kind at school? Yes/No

Hearing Defects or Ear Trouble _____ Eye Trouble _____

Fears or Anxiety _____

Any other information you wish to give: _____

Name of Doctor _____ Phone _____

EMERGENCY CONTACTS

Name of two persons, other than parent, to be called in case of emergency:

1) Name _____ Address _____ Phone _____

2) Name _____ Address _____ Phone _____

CARPPOOL INFORMATION FOR PRESCHOOLERS (PMO does not use carpool pick-up)

Is there anyone you plan to carpool with on a daily basis? Yes / No

If "Yes", list the name(s) of the other children you will be carpooling with so we can issue you a joint carpool number.
