

ST. MARY SCHOOL STUDENT INFORMATION & FIELD TRIP PERMISSION FORM (2019—2020)

(Please complete both sides)

CHILD'S NAME _____
(Last) (First) (Middle) (Nickname)

BIRTHDATE _____ MALE _____ FEMALE _____ START DATE _____

HOME ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ E-MAIL _____

How is your child transported home?

CAR (Parent) _____ CAR (Other) _____ BUS # _____ SMART _____ OTHER _____

My child's name, address, and phone number _____may _____may not be published in the St. Mary School Directory.

Our family e-mail address _____may _____may not be published in the St. Mary School Directory.

NAME OF MOTHER OR GUARDIAN _____

HOME ADDRESS _____
CITY/STATE/ZIP _____

PHONE NUMBERS _____
(Home #) (Work #) (Cell #)

EMPLOYER _____ ADDRESS _____
(City) (State) (Zip)

NAME OF FATHER OR GUARDIAN _____

HOME ADDRESS _____
CITY/STATE/ZIP _____

PHONE NUMBERS _____
(Home #) (Work #) (Cell #)

EMPLOYER _____ ADDRESS _____
(City) (State) (Zip)

NAME OF LOCAL PERSON TO BE NOTIFIED IN AN EMERGENCY WHEN PARENT IS NOT AVAILABLE:

(Name) (Home Phone #) (Work Phone #)

(Name) (Home Phone #) (Work Phone #)

NAME(S) OF PERSON(S) OTHER THAN PARENT OR LEGAL GUARDIAN TO WHOM CHILD MAY BE RELEASED:

NAME(S) AND AGE(S) OF OTHER SIBLINGS OR CHILDREN AT HOME _____

NAME OF CHILD'S PHYSICIAN/HEALTH CLINIC _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____

HEALTH INSURANCE POLICY NAME/POLICY NUMBER _____

HOSPITAL PREFERRED FOR EMERGENCY TREATMENT _____

ALLERGIES AND/OR HEALTH CONDITIONS, IF ANY _____

Please list any SPECIAL NEEDS of child _____

I give permission to St. Mary School personnel to secure emergency medical and/or emergency treatment for my child, _____,

Signature of Parent or Guardian

Date Signed

Please include any other information that you think is important for us to know. This information will be kept CONFIDENTIAL and will ONLY be shared with the teaching staff.

FIELD TRIP PERMISSION:

I give my permission for my child, _____, to participate in walking field trips when supervised by St. Mary School personnel. Such trips might include McCormick Park or the Library. You will be notified before most walking trips.

Signature of Parent or Guardian

Date Signed

FOR OFFICE USE ONLY

ENROLLMENT DATE _____ **INITIAL** _____