Family Registration Card 2024-25 School Year

<u>Grade:</u>	<u>De</u>	<u>ate of Birth:</u>
Name of Referred Family		
es No		
raments-baptism, reconci	iation, holy co	mmunion)
		-
atino Asian African Ar	nerican Na	ative American (tribe)
on in the yearly Annual Report.	RE	QUIRED if applying for St. Mary's Scholarship
	Home Phone _	
	Work P	Phone
	Home Pho	ne
		Phone
Relations		Phone Number
- Telation.		i none rambe.
	Name of Referred Family res No raments-baptism, reconcil atino Asian African Ar on in the yearly Annual Report. Emergency - Altern	Name of Referred Family

Health illioilliatio	ii. Student ii	anie	
Unusual health conditions?			
If yes, complete: Diabetes	Heart	Convulsive Seizure	Epi Pen
Other:			
Food Allergies:			
Allergic Reaction: Yes	No	Epi Pen	
Allergy Plan for Staff:			
Allergic Reaction: Yes	No	Epi Pen	
Allergy Plan for Staff:			
 			
Current Medication:			
My child will need medication of the second		No Yes	-
ij yes Wedicine jorin neede	usee wiis. Puient		
Family Doctor:		Phone Number:	·
authorities use their own jud the hospital if necessary. Check Yes	gment in calling the doc	guardians cannot be reached immetor indicated above or 911? This v	vill include taking the student to
No. If NO,	what do parents want?		
Parent/Guardian S	ignature:		
Additional Information:			

For multiple children, please ask for additional Health Information pages in the school office.