

SAINT AGNES S C H O O L

INFORMATION UPDATE

Please complete this form noting any information that has **changed** since last year.

Student's Full Name _____

Has there been a change of address? Child Mother Father

PHONE

Have your telephone numbers changed? Mother Father

Primary Phone _____ Cell Phone _____ Work Phone _____

Primary Phone _____ Cell Phone _____ Work Phone _____

MEDICAL INFORMATION

Is there any medical information that should be known to the school (injury, surgery, medical condition or allergy)?

EMERGENCY INFORMATION

List two people who can assume temporary care of your child during school hours if you can not be reached (in case of a sick child, etc.)

Name _____ Phone _____

Name _____ Phone _____

PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD FROM SCHOOL

Please list below any person who has your permission to pick up your child from school, so that we may avoid any embarrassment, inconvenience or confusion. The school will not release your child to anyone who does not have written permission from you so do so. Please use an additional sheet of paper if necessary.

Name	Address	Phone	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____

PEOPLE WHO NO LONGER HAVE PERMISSION TO PICK UP YOUR CHILD FROM SCHOOL

I have read this application form and agree to the medical and pick up policies as stated.

Parent/Guardian's Signature

Date