

ST MARK SCHOOL – 2009-2010 SCHOOL YEAR
EMERGENCY INFORMATION

Parents/Guardian: _____

Home Phone# _____

Student(s) Home Address _____

(Zip)

Student's Ethnicity: (American Indian, Asian, Black/Non-Hispanic, Hawaiian Pacific, Hispanic, Multiracial, White)

(Name)

(Ethnicity)

(Name)

(Ethnicity)

(Name)

(Ethnicity)

Email address _____

Student lives with _____ Mother & Father _____ Mother _____ Father _____ Guardian

Contact First _____ Mother _____ Father

Father's Address _____

(Zip)

Mother's Address _____

(Zip)

Father's Home Phone # _____ Work _____ Cell _____

Mother's Home Phone # _____ Work _____ Cell _____

If Parents cannot be reached, please contact:

_____ Home _____ Work _____ Cell _____

_____ Home _____ Work _____ Cell _____

Doctor's Name _____ Phone _____

Hospital _____ Phone _____

In case of accident or illness at school, may the staff or pastor send your child/children to the hospital, if in their judgment it is necessary? YES _____ NO _____

Name of children in the family who are now attending St. Mark School. **Please indicate which public school your child would attend if not here at St. Mark.** PLEASE BE ACCURATE. This information is required to receive Title Funds.

Name	Grade	Date of Birth	Public School	District/School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Signature of Parent or Guardian) Date _____

If your child/children have any of the following conditions: diabetes, asthma, epilepsy, bleeding, heart condition, allergy to drugs or any other unusual condition, please indicate on the back of this form with the name of the child.

