

2018-2019
Holy Family Collegiate High School
Student Information Form

Grade _____

Student's Name _____ Birthdate _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email Address _____

School District _____ Catholic/Non- Catholic _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Student lives with _____

In case of emergency call (Name, Phone #, Relationship)

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above, and to follow his/her directions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.

Signature of Parent or Guardian _____

Name of anyone prohibited from picking up your child _____