

Getting to Know Your Child!

Parents/Guardians: Please complete this form about your child and return it to school as soon as possible.

Student's Name _____ Date of Birth _____

Address _____

Phone _____ E-mail _____

Mother's Name _____

Address _____

Home/Cell Phone _____ Work Phone _____

Home E-mail _____ Work E-mail _____

Best time to be reached: _____

Father's Name _____

Address _____

Home/Cell Phone _____ Work Phone _____

Home E-mail _____ Work E-mail _____

Best time to be reached: _____

Guardian's Name _____

Address _____

Home/Cell Phone _____ Work Phone _____

Home E-mail _____ Work E-mail _____

Best time to be reached: _____

Emergency Contact Name _____

Address _____

Home Phone _____ Work Phone _____

Home E-mail _____ Work E-mail _____

Medical Concerns/Allergies/etc. (Please explain.):

Academic Concerns:

Social Concerns:

Other Concerns:

MR. W. AUGUSTINE