



**E: Medical Contacts**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any allergies, chronic conditions, health problems? Yes / No. If yes please explain: \_\_\_\_\_

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**F: People authorized to pick up child/children**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**G: Name of other siblings that attend the school**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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**H: For Transfer-In Students**

Name of Former School \_\_\_\_\_

Address of Former School \_\_\_\_\_

Is it a Catholic School? \_\_\_ yes \_\_\_ no If no: Is it a Private School \_\_\_\_\_ Public School \_\_\_\_\_

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**I: For Catholic Students**

Name of Parish where student's family is a member \_\_\_\_\_

Has student made First Communion? \_\_\_ yes \_\_\_ no. If yes: When \_\_\_\_\_ Where \_\_\_\_\_

Was student Confirmed? \_\_\_ yes \_\_\_ no. If yes: When \_\_\_\_\_ Where \_\_\_\_\_

Has student made First Reconciliation? \_\_\_ yes \_\_\_ no

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Parent Signature

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Date