

**St. Philip the Apostle School
Emergency Information**

FAMILY NAME _____ First Name Mother _____

First Name Father _____

HOME PHONE _____

EMAIL ADDRESS _____

HOME ADDRESS _____

CHILDREN ATTENDING SCHOOL (Oldest First)	GRADE
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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In Case of EMERGENCY, ILLNESS, Or ACCIDENT to any of the children named above, the school is authorized to proceed as indicated below: (Number 1,2,3)

Contact MOTHER at _____ (place of work)
Address _____

Work Number _____

Cell phone _____ Pager _____

Contact FATHER at _____ (place of work)
Address _____

Work Number _____

Cell phone _____ Pager _____

OTHER Contact _____ Relationship _____
Address _____

Number _____

Cell phone _____ Pager _____

Take to Emergency Hospital _____

(This would occur only in an emergency situation.

Unless deemed critical, the above contacts would be notified first.)

(OVER)

PLEASE INDICATE ANY OTHER IMPORTANT INFORMATION
CONCERNING THE HEALTH OF THE CHILDREN LISTED.

HOME SITUATION: (Please circle the situation that applies)

1. Living with both parents
2. Parents separated; living with Mother
3. Parent separated; living with Father
4. Parents divorced; living with Mother alone, or Mother & Stepfather
5. Parents divorced; living with Father alone, or Father & Stepmother
6. Living with single Mother/Father (circle one)
7. Living with guardians who are relatives
8. Father deceased; Living with Mother or Mother & Stepfather
9. Mother deceased; Living with Father or Father & Stepmother
10. Other _____

IF # 2-7 is circled, who has CUSTODIAL Rights? _____

IF SEPARATED OR DIVORCED:

Do you consent to the child(ren)'s non-custodial parent being apprised of his/her school behavior or academic standing should she/he request? _____

Do you consent to the child(ren) being released to the non-custodial parent? _____

Please explain any extenuating circumstances we should be made aware of.

If your child did not attend St. Philip the Apostle School, which public school near your home would he/she attend?

Stone _____ Wesley _____ Army Trail _____ Indian Trail _____
Fullerton _____ Lake Park _____ Lincoln _____

Signature of Parent or Guardian _____ Date _____

IT IS VERY IMPORTANT THAT THIS INFORMATION IS KEPT UP TO DATE

Please call the school office if there are any changes! Thank you.