



Family Information

School Year 2009-10

Mother

Name _____

Address _____

Phone Numbers

Home _____

Work _____

cell _____

Please check an address where e-mail messages should be sent.

Work E-mail _____

Home E-mail _____
(if different)

Occupation _____

Religion _____

Parish _____

Father

Name _____

Address _____
(if different)

Phone Numbers

Home _____

Work _____

cell _____

Please check an address where e-mail messages should be sent.

Work E-mail _____

Home E-mail _____
(if different)

Occupation _____

Religion _____

Parish _____
(if different)

Family Directory: Please indicate how you would like your family information to appear in the Assumption School Family Directory. (Enter only the information that you wish to appear in the directory. If you do not wish to be included, skip this section.)

Name _____

Address _____

Phone _____

E-mail _____

Emergency Contacts: Please list two (2) names we can contact in case your child becomes ill and we cannot get in touch with you. Contacts should be able to come and get a sick child.

Contact #1 Name _____

Phone _____

Contact #2 Name _____

Phone _____

With whom does the child/ren live? (check all that apply)

- Father
 Mother
 Stepmother
 Stepfather
 Relative
 Guardian

In case of divorce/separation:

Does the non-custodial parent wish to receive school information? If so, please list an address where the information can be sent.

