

▶ PUBLIC SCHOOL DISTRICT OF HOME ADDRESS _____

child #1	Child's legal name _____	Allergies? Yes No
	Prefers to be called _____	(If yes, to what?) _____
	Birthdate _____	Medications taken regularly _____
	Place of baptism _____	Operations/illnesses _____
	Date of baptism _____	Child's doctor _____
	Baptismal certificate on file? Yes No	Doctor's phone number _____
	(A copy if Baptized other than Assumption)	Doctor's address _____
	Grade for 2009-10 school year? _____	_____

child #2	Child's legal name _____	Allergies? Yes No
	Prefers to be called _____	(If yes, to what?) _____
	Birthdate _____	Medications taken regularly _____
	Place of baptism _____	Operations/illnesses _____
	Date of baptism _____	Child's doctor _____
	Baptismal certificate on file? Yes No	Doctor's phone number _____
	(A copy if Baptized other than Assumption)	Doctor's address _____
	Grade for 2009-10 school year? _____	_____

child #3	Child's legal name _____	Allergies? Yes No
	Prefers to be called _____	(If yes, to what?) _____
	Birthdate _____	Medications taken regularly _____
	Place of baptism _____	Operations/illnesses _____
	Date of baptism _____	Child's doctor _____
	Baptismal certificate on file? Yes No	Doctor's phone number _____
	(A copy if Baptized other than Assumption)	Doctor's address _____
	Grade for 2009-10 school year? _____	_____

child #4	Child's legal name _____	Allergies? Yes No
	Prefers to be called _____	(If yes, to what?) _____
	Birthdate _____	Medications taken regularly _____
	Place of baptism _____	Operations/illnesses _____
	Date of baptism _____	Child's doctor _____
	Baptismal certificate on file? Yes No	Doctor's phone number _____
	(A copy if Baptized other than Assumption)	Doctor's address _____
	Grade for 2009-10 school year? _____	_____

