



# Family Information

School Year 2011-12

## Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

### Phone Numbers

Please check which boxes where phone notifications should be sent.

| General Info             | Weather                  | Emergency                |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Please check which boxes where phone notifications should be sent.

| General Info             | Weather                  | Emergency                |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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?

Yes

No

