

**OUR LADY OF LAKE HURON INFORMATION FOR PERMANENT RECORDS**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Ethnic Descent/Nationality: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work/Cell Phone Number: \_\_\_\_\_

Mother's Name (First, Maiden): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work/Cell Phone Number: \_\_\_\_\_

Parent's Email Address (Required): \_\_\_\_\_

IF PARENT'S ARE UNAVAILABLE IN AN EMERGENCY, SCHOOL IS AUTHORIZED TO CALL ON:

1<sup>st</sup> Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child lives with: (Circle one)    Parents            Guardian            Stepparent            Other

If different from parents, please list names: \_\_\_\_\_

TO MY KNOWLEDGE:

\_\_\_ My child is able to fully participate in all school activities, including physical education.

\_\_\_ My child has a physical condition which may have a degree of restriction in school activities.

Please explain: \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_