

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:

1st Emergency Contact: _____

Phone Number: _____

2nd 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: _____