

**Notre Dame Elementary School
Family Data Sheet**

Student Name _____
Last First Middle

Gender: Male /Female D.O.B. _____

Child's Address _____

City, state, zip _____ Phone _____

Does child live with both parents? Yes / No Are parents divorced? Yes / No

Father remarried? Yes / No Mother remarried? Yes / No

Father's Name _____

Address _____

Phone _____ Cell Phone _____ Email _____

Father's Employer _____ Business Phone _____

Mother's Name _____

Address _____

Phone _____ Cell Phone _____ Email _____

Mother's Employer _____ Business Phone _____

Send correspondence regarding student to: _____ Father _____ Mother _____ Both

Is child Catholic? Yes / No Parish in which you are registered _____

Returning students may omit this section:

Year of Baptism: _____ Parish: _____
Parish Address _____
Father's Faith Denomination _____
Mother's Faith Denomination _____

PLEASE TURN OVER/FILL OUT BACK SIDE

Please indicate the public school district in which your child resides:

Burlington Community Danville West Burlington
 New London Mediapolis Other

If other, please specify _____

Two adults who will assume responsibility for your child in an emergency if parents cannot be reached:

1. Name _____ Phone _____

2. Name _____ Phone _____

Child Care Provider _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Family Orthodontist _____ Phone _____

Allergies: (Please be specific...medications, foods, plants, etc.)

Medications your child is presently taking:

Existing medical condition(s):

If you and the family physician as indicated above cannot be reached in an emergency, and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child, properly accompanied, to an available hospital or physician, and do you accept full responsibility for all expenses incurred in such care? Yes No

Parental Signature _____ **Date** _____