

Saint John Parish School

Student Profile

Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

General Information	Current Record	Corrections
Student's Name		
Mailing Address		
Birth Certificate on File at school?		
Birthplace		
Birth Date		
Home Phone		
Ethnicity / Gender		
Grade Entering		
Parent/Guardian Email Address		
Secondary Email Address		
List in family directory?		

Parent/Guardian Information	Current Record	Corrections
Parent 1		CICS Exp Date: _____ Training: _____ VA: _____
Address		
Employer / Profession		
Phone: Day / Home / Cell		
Parent 2		CICS Exp Date: _____ Training: _____ VA: _____
Address		
Employer / Profession		
Phone: Day / Home / Cell		

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency Contact	Current Record	Corrections
Name and phone of first contact		
Relationship to student		
Name and phone of second contact		
Relationship to student		

Emergency Closure Parent Directive		
In the case of an emergency closure, the following information is to be applied for release of _____ from St John School. (We must have three contacts because frequently two are unreachable). The school is authorized to release _____ to any of the following:		
<u>Name</u>	<u>Relationship</u>	<u>Phone (home/work)</u>
_____	_____	_____
_____	_____	_____
It is possible that in certain emergency situations in the judgment of the school the release of students to adults would not be necessary. If you prefer that in these situations your child be instructed to leave school in the event of an emergency closure without being signed out to an adult, please instruct your child where he/she is to go in the event of an emergency school closure and provide the school with that information. Because we cannot anticipate circumstance, the school reserves the right to require that all students be dismissed directly to the parent or parent's designee.		
_____ is to leave school independently after signing out and is to _____		

X _____	X _____	
Parent Signature	Parent Signature	Date
		Date

Medical Information	Current Record	Corrections
Doctor's Name		
Doctor's Phone		
Preferred Hospital		
Dentist		
Dentist Phone		
Health History		
List allergies		
List medication administered at home		
List medication administered at school		
Medical Additional Information		

<p>If I and the physician of my choice, 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, I authorize the school authorities to send _____ (properly accompanied) to an available hospital or physician.</p> <p>X _____</p> <p>Signature of Parent or Legal Guardian</p>	<p>As a parent and/or legal guardian, I authorize the treatment of _____ by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.</p> <p>X _____</p> <p>Signature of parent or legal guardian</p>
--	--

Baptism Information	Current Record	Corrections
Baptismal Certificate on file at school?		
Religion / Name of church		
Date of Baptism		
Church where Baptized		
City / State		

Are you a REGISTERED CONTRIBUTING family of St. John Parish with a 2012 Sacrificial Giving Pledge card on file in the Parish Office? Correction: _____

Last School Attended	Dates / Grades	Corrections
School / Address		

Home Language Survey	Current Record	Corrections
First language spoken by your child		
Language(s) spoken in the home		
Language(s) that is/are spoken or understood by your child		