



SAINT ANN
CATHOLIC SCHOOL

Contact information

Student Name: _____

Date of Birth: _____ Age: _____ Sex: M or F

Child's Primary Address: _____

Custody: Both Mother Father Other: (Please List) _____
(circle one)

Mother's Legal Name/Legal Guardian 1: _____ Address same as above: Y or N

Cell #: _____ Work #: _____ Employer: _____

Home Address: _____ Work Address: _____
(if different) _____

Father's Legal Name/Legal Guardian 2: _____ Address same as above: Y or N

Cell #: _____ Work #: _____ Employer: _____

Home Address: _____ Work Address: _____
(if different) _____

If a parent or guardian cannot be reached in an emergency, then please notify:

Name: _____ Relationship: _____

Cell #: _____ Work#: _____

Home Address: _____ Work Address: _____

Name: _____ Relationship: _____

Cell #: _____ Work#: _____

Home Address: _____ Work Address: _____
