

**Monsignor Clarke School
Family Emergency Information and Demographics 2016-2017
PLEASE COMPLETE FRONT & BACK IN ITS ENTIRETY**

Town That Provides Textbooks: _____ **Last Name** _____
(grades 2-8 only)

Best Email Contact: _____

Please Print Clearly: **MCS Student Information** – please begin with oldest child.

<u>Student's Name:</u>		<u>DOB:</u>	<u>Grade '16-17:</u>	<u>Allergies/Medical Prob.</u>
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____

Address : _____ **Home Phone:** _____
Street

Town State Zip

I give permission for my info to be published in a PTO Sponsored Student Directory: No: _____ Yes: _____

I give permission for my email to be shared with the PTO: No: _____ Yes: _____

Parish to which family is registered: _____

Transportation: (please note if your children take a bus/which one or are parent driven am/pm):

Mother: _____
First Name Last Name (if different)

Address (if different than child): _____
Phone home: _____ cell: _____
Place of employment: _____ work phone: _____
Occupation: _____ E-Mail Address: _____

Father: _____
First Name Last Name (if different)

Address (if different than child): _____
Phone home: _____ cell: _____
Place of employment: _____ work phone: _____
Occupation: _____ E-Mail Address: _____

Custodial Agreement: N/A _____ Sole _____ Dual: _____ Restraining Order: No: _____ Yes: _____ **(need copy)**

IN THE EVENT OF AN EMERGENCY – ILLNESS - EARLY DISMISSAL

Please list any person who is authorized and willing to accept responsibility of your child(ren)'s care:

- 1. _____
Name relationship phone
- 2. _____
Name relationship phone
- 3. _____
Name relationship phone
- 4. _____
Name relationship phone
- 5. _____
Name relationship phone

In the event of a school emergency or closing, you will be notified via School Reach (the automated phone message system). School Reach is also used for general announcements (ex. event reminders). Please choose your contact numbers below.

School Reach mid-day emergency/school closing phone number(s): _____

School Reach general announcements phone number(s): _____

You also need to let us know, in the event of an emergency, if your child(ren) is/are to take the bus home as usual or to stay at the school for pick-up by indicating in the space provided below. **It is important that you talk to your children and make a plan for such circumstances.**

My child has been instructed to: **Take the Bus** **Remain at School**

If I cannot be contacted in the case of a medical emergency, I give permission to have my child taken to

South County Hospital: Yes No If NO please specify hospital: _____

Physician/Pediatrician: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Please be advised that the school should be notified of changes to any of the information above.