



Monsignor Clarke School

Family Emergency Information and Demographics 2020-2021

PLEASE COMPLETE FRONT & BACK IN ITS ENTIRETY

Grades 2-8 only: Town That Provides Textbooks: _____

Best Email Contact: _____

MCS Student's Name: (Please begin with oldest student) _____ **Allergies/Medical Prob.** _____

	DOB: _____	Grade '20-'21: _____	
	DOB: _____	Grade '20-'21: _____	
	DOB: _____	Grade '20-'21: _____	
	DOB: _____	Grade '20-'21: _____	

Address: _____ **Phone:** _____

Street

Town State Zip

Transportation:

Bus town and # (am): _____ Bus town and # (pm): _____
 Parent driven (am): _____ Parent driven (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 by text and email via the automated message system. This system is also used for general announcements i.e. event reminders. Please provide your contact phone numbers below.

Mid-day emergency/school closing phone number(s): _____

General announcements phone number(s): _____

In the event of an emergency, should your child(ren): ____ *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: _____

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: _____

Religious Affiliation: _____

Parish to which family is registered: _____

Signature of Parent/Guardian: _____ Date: _____

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