## St. Patrick School Parent Contact Form

First Name	Middle Na	ame I	Last Name		Date of Birth	
Check all that apply	/ □ American Ind	ian □ Asian □ Afri	can □ Hawaiian □	Hispanic □ Whit	ee	
	Name of Sibli	ngs in School		G	rade	
Child Lives With						
Mother's Name			Physical Address, C	City, State Zip		
Home Phone			Mailing Address if Different			
Cell Phone	Cell Phone			Email		
Place of Employment		Work Phone Number				
Stepmother's Name (	if applicable)		Stepmother's phone	e		
Father's Name			Physical Address, C	City, State Zip		
Home Phone			Mailing Address if D	Different		
Cell Phone			Email			
Place of Employment			Work Phone Number	er		
Stepfather's Name	Stepfather's Name (If applicable)  Stepfa			epfather's Phone		
Emergency Contac	Emergency Contact Name Relationship			Phone Number		
Emergency Contac	t Name	Relationship		Phone Number		

	Child's T	ransportation
A.M Walk Droppe Bus # _ Bus # _	d off by parent from home from daycare	P.M Walk Dropped off by parent Bus # from home Bus # from daycare
Daycare Provider	Address	Phone Number
published in the schowebsites, photograph	ool directory and for the enro s, videos, Shamrock or news ecifically indicates otherwise	vides consent for parent/student information olled child's picture to be used in publications is releases generated by Saint Patrick Catholic here:  Do not publish directory info
Parent/Gu	ardian Signature	Date
I have read the St. Pa	atrick's School Acceptable Us	se Internet Policy. I fully understand my use