

SACRED HEART SCHOOL
FAMILY INFORMATION

PARENTS OR GUARDIANS Address correspondence to:

Last Name _____
Relationship _____
Address _____
_____ Zip Code _____
e-mail address _____

First Name _____
Home Phone _____
Work Phone _____
Cell Phone _____

Last Name _____
Relationship _____
Address _____
_____ Zip Code _____
e-mail address _____

First Name _____
Home Phone _____
Work Phone _____
Cell Phone _____

Public School District in which you live: _____

Of the following child/ren listed, these child/ren have restrictions on Physical Education at Sacred Heart.

(Name of Child)	(Restriction)
_____	_____
_____	_____

1st Child _____ Social Security# _____ Birthday _____ Gender _____ Grade _____
Name of Doctor _____ Hospital preference _____
Telephone _____
Allergies _____
Medical Problems _____
Medication _____
Public School child would attend _____ Elementary _____ Jr. High _____

2nd Child _____ Social Security# _____ Birthday _____ Gender _____ Grade _____
Name of Doctor _____ Hospital preference _____
Telephone _____
Allergies _____
Medical Problems _____
Medication _____
Public School child would attend _____ Elementary _____ Jr. High _____

