



WELCOME

Please complete these forms and
return with your child on the
first day of school.

First Grade Student Information

Student _____

Address _____

Birthday _____ Home Phone _____

Email Contact _____

Religion _____ Parish _____

Mother's Name _____

Mother's Daytime Phone _____

Occupation _____

Father's Name _____

Father's Daytime Phone _____

Occupation _____

Siblings names and ages:

People living in the child's home: _____

In case of an emergency who should be contacted *first*? (indicate preference by #)

_____ Mother _____ Father _____ Other _____

Emergency Contact Name

Emergency Contact Phone _____ Relationship to child _____

Applicable medical/health information:

Is there anything else I should know about your child?

In order that our dismissals run more smoothly, I ask that you supply the following information and return to the teacher on the first day of school. Also, please remember that you must send a note to school or call the Main Office before 2PM each time your child will not be going home by his/her regular mode of transportation, or will be picked up by someone not on your Authorized Pickup List. Please do not email this information as I do not have time to check my email during the instructional day.

Thank you.

Mrs. Korp

Child's Name _____

_____ My child will ride the bus home from school each day.

_____ My child will attend Aftercare on:

MON _____ TUES _____ WED _____ THURS _____ FRI _____

_____ My child will be transported home by a family member each day.

Authorized Pick Up List (please list names and relationship below):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CAR COLOR</u>
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