

ÉCOLE KEATING ELEMENTARY SCHOOL

2010 / 2011

STUDENT INFORMATION/EMERGENCY FORM

To ensure our records are up to-date, please complete the front and back of this form and return to your child's teacher immediately.

Please use pen and print clearly.

Grade: _____ Division: _____
Email Address: Mother: _____
Father: _____

STUDENT INFORMATION:

Usual Family Name:	First Name:	Middle Name:	Preferred Name:
Address: City:		Postal Code:	
Phone #:	Birthdate:	Lives With:	Custody:

PARENT/GUARDIAN INFORMATION:

Mothers Surname:	First Name:	Home Phone #:	Business Phone #:
Address (if different)		Cellular Phone #:	Pager #:
Father's Surname:	First Name:	Home Phone #:	Business Phone #:
Address (if different)		Cellular Phone #:	Pager #:
LEGAL Guardian Surname:	First Name:	Home Phone #:	Business Phone #:
		Cellular Phone #:	Pager #:

EMERGENCY CONTACT INFORMATION (if parents cannot be reached):

Name:	Relationship	Home Phone #: Business Phone #:
Name:	Relationship	Home #: Business Phone #:

HEALTH INFORMATION:

Glasses	Hearing Problem	Medication Required: _____
Contacts	Hearing Aid	
Epipen/Anakit	Allergies Requiring Emergency Treatment (e.g. Beestings, Peanut Allergies): _____	
Other health information the school should be aware of: _____		

PARENT/GUARDIAN SIGNATURE(S)

Mother: _____
Please Print Name
Signature

Father: _____
Please Print Name
Signature

Legal Guardian _____
Please Print Name
Signature

Dated: _____

