

ST. LINUS SCHOOL FAMILY INFORMATION FORM

Family Name: _____ Phone Number: _____
Address: _____

Mother

Father

| | | |
|-------------|-------|-------|
| Name: | _____ | _____ |
| Work Phone | _____ | _____ |
| Other Phone | _____ | _____ |
| Work Place | _____ | _____ |
| Occupation | _____ | _____ |
| E-mail | _____ | _____ |

Doctor Name and Phone _____

May we contact doctor if your child is seriously ill or hurt, and you cannot be contacted: YES ___ NO ___

Emergency Contacts & _____
Phone Numbers _____

School District: (Circle One) 123(K-8), 122(K-8), 126(k-8), 218(9-12), 229(9-12), Other _____

If you would not attend St. Linus, which public school would you attend. Circle One:
Covington Hannum Hometown Kolmar Sward StoneyCreek Other: _____

Children Attending St. Linus:

| <u>Name</u> | <u>Grade</u> | <u>Ethnic Code</u> |
|-------------|--------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Valid Ethnic Codes: A - Asian, B - Black, H - Hispanic, M - Multiracial, R - Arab, W - White

Food/allergies: