



ST. LINUS SCHOOL FAMILY INFORMATION FORM

Family Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Mother

Father

Name: _____	Name: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Place: _____	Work Place: _____
Occupation: _____	Occupation: _____
Email: _____	Email: _____

Doctor Name & Phone: _____

May we contact your 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), 2 t 8 (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 Stony Creek OLHMS Other: _____

Children Attending St. Linus:

Name: _____	Grade: _____	Ethnic Code: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

** Any Allergies: _____