



St. Mary Catholic School

Plano, IL Kendall County
Joliet Diocesan School System



FAMILY INFORMATION / EMERGENCY SHEET

PARENT LAST NAME: _____ STUDENT LAST NAME: _____

(MOTHER'S NAME)

(MOTHER'S CELL)

(MOTHER'S EMAIL)

(Add'l # for Mother / Home or Work)

(Add'l # for Mother / Home or Work)

(FATHER'S NAME)

(FATHER'S CELL)

(FATHER'S EMAIL)

(Add'l # for Father / Home or Work)

(Add'l # for Father / Home or Work)

(STREET ADDRESS)

(CITY)

(ZIP)

PARISH: _____ PRIMARY LANGUAGE SPOKEN AT HOME BY: (DAD) _____ (MOM) _____

ETHNICITY CIRCLE ONE: NATIVE AMERICAN ASIAN BLACK WHITE HISPANIC 2 OR MORE RACES UNKNOWN

IS THERE INTERNET ACCESS AT HOME (CIRCLE ONE) YES NO PUBLIC SCHOOL DISTRICT: _____

CHILDREN'S NAME

BIRTH DATE

GRADE

In case of EMERGENCY, ILLNESS or ACCIDENT to the children named on this form, the School is authorized to contact the following additional people if the parents cannot be reached. Please indicate that this person has your authorization to sign out your children.

(NAME & RELATION)

(PHONE NUMBER)

(TRANSPORT: YES OR NO)

(NAME & RELATION)

(PHONE NUMBER)

(TRANSPORT: YES OR NO)

(NAME & RELATION)

(PHONE NUMBER)

(TRANSPORT: YES OR NO)

Please list additional important information concerning the health of children named on this form on the back.

Parent/Guardian Signature: _____

