

## Getting to Know Your Child!

**Parents/Guardians:** Please complete this form about your child and return it to school as soon as possible.

**Student's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

Best time to be reached: \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

Best time to be reached: \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

Best time to be reached: \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

**Medical Concerns/Allergies/etc.** (Please explain.):

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**Academic Concerns:**

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**Social Concerns:**

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**Other Concerns:**

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MR. W. AUGUSTINE