

STUDENT INFORMATION SHEET

Pupil's Full Name _____ Preferred Name _____ M ___ F ___

Address _____ Zip _____ Phone _____ Birthdate _____

Father's Name _____

Cell Phone # _____ Work Phone # _____

Mother's Name _____

Cell Phone # _____ Work Phone # _____

Marital Status of Parents: Married _____ Divorced _____ Separated _____

Preferred E-Mail Address _____

Names, Age and Relationship of other children to above mentioned child _____

of Members in Household _____ Name of Church Affiliation _____

MEDICAL INFORMATION

Allergies _____

Bee Stings: Yes ___ No ___ Peanuts: Yes ___ No ___ Tree Nuts: Yes ___ No ___ Dairy: Yes ___ No ___

Does Your Child Have an Epi-Pen? Yes ___ No ___

Hearing Defects or Ear Trouble _____ Eye Trouble _____

Fears or Anxiety _____

Any other information you wish to give: _____

Name of Doctor _____ Phone _____

EMERGENCY CONTACTS

Name of two persons, other than parent, to be called in case of emergency:

_____ Phone _____

_____ Phone _____

CARPOOL INFORMATION FOR PRESCHOOLERS (PMO does not use carpool pick-up)

Is there anyone you plan to carpool with on a daily basis? Y / N

If "Yes", list the name(s) of the other children you will be carpooling with so we can issue you a joint carpool number.
