

# SAINT AGNES

## S C H O O L

### INFORMATION UPDATE

Please complete this form noting any information that has **changed** since last year.

Student's Full Name \_\_\_\_\_

Has there been a change of address?  Child  Mother  Father

---

---

#### PHONE

Have your telephone numbers changed?  Mother  Father

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred phone number for school alerts \_\_\_\_\_

Number(s) to delete \_\_\_\_\_

#### MEDICAL INFORMATION

Is there any medical information that should be known to the school (injury, surgery, medical condition or allergy)?

---

---

#### EMERGENCY INFORMATION

List two people who can assume temporary care of your child during school hours if you can not be reached (in case of a sick child, etc.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

#### PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD FROM SCHOOL

Please list below any person who has your permission to pick up your child from school, so that we may avoid any inconvenience or confusion. The school will not release your child to anyone who does not have written permission from you so do so. Please use an additional sheet of paper if necessary.

Name	Phone	Relationship	Add	Delete
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I have read this form and agree to the medical and pick up policies as stated.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date