

St. Paul the Apostle Catholic School

2018 - 2019 Student Information Form

Please initial in this box if there are no changes to this information.

Student Name:

Current Advisor:

Birthdate:

Siblings:

It is imperative that we have CURRENT CONTACT INFORMATION in case of an emergency. We are in the process of updating our records now for the 2018-19 school year. Please review this form and make any corrections, and return to the school office by Friday, May 25.

If your child(ren) will not be returning to St. Paul's School next year, please check here.

Reason: _____

Parent/Guardian Contact Information:

Name:	Relation
Address:	City, State Zip:
Home Phone	HmPh Descr
Work Phone1	WkPh1 Descr
Work Phone2	WkPh2 Descr
Cell Phone1	CPh1 Descr
Cell Phone2	CPh2 Descr
Email(s)	

Emergency Contact Information

The following people are allowed to pick up my child(ren) from school and should be contacted if I cannot be reached: (Please list no more than 2)

Name	Relation
Home Phone	
Cell Phone1	
Cell Phone2	

Name	Relation
Home Phone	
Cell Phone1	
Cell Phone2	