



# 2018 -2019

## ENROLLMENT-EMERGENCY FORM 2018-2019

### FAMILY: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

### In Case of an Emergency Contact:

Name	Relationship	Phone Number	Alt. Phone Number
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### Students Enrolled at ACS:

Name	Grade	Birthday	Permission to/include	
			Photograph	Family Directory
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### Dismissal Authorization:

This information is for the safety of the student and is kept on file in the office. No student will be allowed to leave school with anyone who is not on this list unless prior arrangements have been made.

Name	Vehicle	Color
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Turn over to complete Health & Grandparent information



**Health Conditions:**

Please list any conditions for each child:

Name: \_\_\_\_\_ Condition/Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Condition/Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Condition/Allergies: \_\_\_\_\_

By the signature below, I acknowledge that the information above is accurate and that my permission is granted or withheld according to my notation in each section.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**We honor our grandparents, \*great grandparents and/or \*honorary grandparents sometime during each school year. In order to keep our records up-to-date, please complete the following.**

Grandparents' Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Grandparents' Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\*Other \_\_\_\_\_

Mailing Address \_\_\_\_\_

\*Other \_\_\_\_\_

Mailing Address \_\_\_\_\_

<p><b>For Office use only:</b></p> <p>Date Received: _____      <input type="radio"/> Catholic   <input type="radio"/> Non-Catholic</p> <p><input type="radio"/> Registration Fee   <input type="radio"/> Completed Records Request Form   <input type="radio"/> MS 121 Immunization Form   <input type="radio"/> Financial Contract</p> <p><input type="radio"/> Copy of Birth Certificate or a notarized affidavit of age sworn to by a parent, grandparent or custodian</p>
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