



**Mother/Guardian (circle one):**

\_\_\_\_\_  
Last Name First Name Maiden Name

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Address (if different from student): \_\_\_\_\_

House Number Street Name

City State Zip

**If parents are divorced/separated, with whom does the student reside?** \_\_\_\_\_

**Who has legal custody?** \_\_\_\_\_ **physical custody?** \_\_\_\_\_

**Please list any allergies** \_\_\_\_\_

**Please list any medical conditions** \_\_\_\_\_

**Please list names and ages of siblings** \_\_\_\_\_

**Emergency Information** – please provide two or three emergency contacts **other than parents:**

\_\_\_\_\_  
First Name Last Name Relationship Phone

\_\_\_\_\_  
First Name Last Name Relationship Phone

\_\_\_\_\_  
First Name Last Name Relationship Phone

**If my child becomes ill or injured and I cannot be reached, please proceed with proper first aid and/or emergency medical care for my child.**

\_\_\_\_\_  
**Parent Signature/s** **Date**

**I understand that new students will be on probation academically and behaviorally during the first semester in which they are enrolled at Our Lady of Sorrows Catholic School.**

\_\_\_\_\_  
**Parent Signature/s** **Date**