

FAMILY INFORMATION FORM 2010/2011

IMMACULATE CONCEPTION SCHOOL
 (Available to Authorized School Personnel Only)

PLEASE PRINT

Child's Name:	School District:	Teacher:
Mother's Information		
Parent's/Guardian Name:	Mother's Business	
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Home Phone No:	Work Phone No:	
E-Mail Address:	Cell Phone No.:	Beeper No.:
Authorized Contacts For Pick-Up		
Father's Information		
1) Name:	Father's Business:	
Home Phone No.:	Cell Phone No.:	Address:
<input type="radio"/> SCHOOL PICK-UP EARLY/WEATHER	<input type="radio"/> EMERGENCY	<input type="radio"/>
2) Name:	City/State/Zip:	
Home Phone No.:	Cell Phone No.:	Work Phone No.:
Home Phone No.:	Cell Phone No.:	Cell Phone No.:
Home Phone No.:	Cell Phone No.:	Beeper No.:
Health Information		
<input type="radio"/> SCHOOL PICK-UP EARLY/WEATHER	<input type="radio"/> EMERGENCY	<input type="radio"/>
3) Name:	Allergies/Food Allergies:	
Home Phone No.:	Cell Phone No.:	Pediatrician's Name:
<input type="radio"/> SCHOOL PICK-UP EARLY/WEATHER	<input type="radio"/> EMERGENCY	<input type="radio"/>
Phone No.:		
Bus Information		
Sibling(s) in I.C.S	Grade(s)	Bus Student: <input type="radio"/> Yes <input type="radio"/> No
		_ Tuckahoe _ Eastchester _ New Rochelle _ White Plains
		<input type="radio"/> Other Bus Company:
In case of a medical emergency, the parent/guardian will always be called first!		

Please turn over →

