

Custodial Parent Name(s):

Address:

City: OH Zip:

Phone w/area:

Custodial Parent Marital Status:

If divorced, do we have a copy of the divorce? Check if yes:
(If not, please send in)

Are there any restraining orders? Check if yes:

Do we have certified copies? Check if yes:
(If not, please send in)

Would you like the school to send report cards & progress reports to non-custodial? Check if yes:
If yes, please fill out the following information:

Name:

Address:

City: State: Zip:

If someone other than a parent has custody, please specify:

Name: Relationship:

Address: City:

Zip: Phone:

Do we have a certified copy of the order? Check if yes:
(If not, please send in)

If there is a guardian appointed for the child/children? Do we have a certified copy of the Guardianship?
Check if yes: (If not, please send in)

TUITION

Who is responsible for tuition and financial obligations? (Please Print)

Name:

Address:

City: State: Zip:

Home Phone: Cell:

Please print each child's name from oldest to youngest (last name then first name)

Student Name:

Room #:

Name of Public Elementary/Middle School child would attend:

Ethnicity:

Student Name:

Room #:

Name of Public Elementary/Middle School child would attend:

Ethnicity:

Student Name:

Room #:

Name of Public Elementary/Middle School child would attend:

Ethnicity:

Religion: (please specify):

Name of Parish or Catholic Church:

Is there a Parish School? Circle one: Yes No

Transportation:

Bus:

District:

Please accurately print the following information. Give each contact an order to be phoned. Form is to be completed one time only for each family and is different from the one sent out for the school clinic.

EMERGENCY

Father's Name:		Call order #:
Employer:		
Profession/occupation		
Work Phone:	Cell:	
Email:		
Mother's Name:		Call order #:
Employer:		
Profession/occupation		
Work Phone:	Cell:	
Email:		
Stepfather's		Call order #:
Employer:		
Profession/occupation		
Work Phone:	Cell Phone:	
Stepmother's		Call order #:
Employer:		
Profession/occupation		
Work Phone:	Cell Phone:	

Please provide names of other authorized persons in the event parent cannot be reached.

Name:	Phone:
	Cell:
Name:	Phone:
	Cell:
Name:	Phone:
	Cell:
Name:	Phone:
	Cell:

Custodial Parent/Guardian Signature: _____