

ST. MARY'S STUDENT REGISTRATION

Parent(s) Name(s) _____

Email Address _____ Email Address _____

Student Name _____ Date of Birth _____

Contact #1 (name, cell, home, & work phone #'s) _____

Contact #2 (name, cell, home, & work phone #'s) _____

Home Address _____ City _____ Zip _____

Parish _____

Please list any medical issues or medication your child may take that school/staff need to be aware of: _____

Emergency Release Form

In case of an emergency, we shall attempt to notify parents first. If neither the parents nor the emergency contact person on record can be contacted, the school officials are hereby authorized to take the emergency action necessary to assure the health of the student.

Parent Signature _____

Permission Form for local field trips within 30 miles of David City.

Blanket form for short field trips to places in David City such as Bone Creek Art Museum, park, St. Gregory.

Parent Signature _____

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