

ST. LINUS SCHOOL FAMILY INFORMATION FORM

Family Name: _____ Phone Number: _____

Address: _____
City _____ State _____ Zip _____

	<u>Mother</u>	<u>Father</u>
Name:	_____	_____
Work Phone	_____	_____
Cell Number	_____	_____
Work Place	_____	_____
Occupation	_____	_____
E-Mail	_____	_____

Doctor Name & Phone _____

May we contact your doctor if your child is seriously ill or hurt, and you cannot be contacted: Yes NO

Emergency Contacts & Phone Numbers

School District (Circle One) 123(K-8), 122 (K-8), 126 (K-8), 218 (9-12), 229 (9-12), Other _____

If you would not attend St. Linus, which public school would you attend. *Circle One:*

Covington Hannum Hometown Kolmar Sward Stony Creek OLHMS Other

Children Attending St. Linus:

<u>Name:</u>	<u>Grade</u>	<u>Ethnic Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Valid Ethnic Codes: A-Asian, B-Black, H-Hispanic, M-Multiracial, R-Arab, W-White

** Any Allergies _____
