



Office Use Only
Last Name: _____
Class: _____

St. Michael's Academy

Haymarket, VA 703-754-1948

STUDENT INFORMATION FORM

Rev. 7/15

E-MAIL/TELEPHONE/ADDRESS:

_____	_____	Primary Class: _____
<i>Child's last name</i>	<i>First name</i>	Date of Enrollment: _____
Child's D.O.B.: _____	Child's Age: _____	
Home Address: _____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Mother's name: _____	Mother's email: _____	
Mother's cell phone: _____	Mother's work phone: _____	
Father's name: _____	Father's email: _____	
Father's cell phone: _____	Father's work phone: _____	
Home phone: _____		

IN AN EMERGENCY CALL: _____ (Name) _____ (Relationship)
 _____ (Phone) _____ (Email)

If the parent cannot be reached in an emergency, St. Michael's Academy has permission to transport my child, _____, to the nearest medical/emergency facility. The medical staff has my authorization to provide treatment that is deemed necessary for the well-being of my child.

_____ (Signature of parent) _____ (Date)

MEDICAL CONCERNS/ALLERGIES:

List: _____

PICK UP INSTRUCTIONS:

Please list names and phone numbers of individuals permitted to pick up your child (other than parents):

NAME	PHONE NUMBER
_____	_____
_____	_____
_____	_____