

This form provides St. John's School with current parent and student information. *Parents' and Students' names, mailing addresses, and home telephone numbers* are published in the Community Directory. The Directory is confidential and should be used solely for the purpose of St. John's School. **One (1) form per family. Please fill out completely.**

### STUDENTS' INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

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### EMERGENCY INFORMATION

In the event of an emergency, the School will contact parents immediately. However, if the School is not able to contact parents, please list names of two individuals the School may contact. In addition, please provide name of health plan and insurance number which may be needed in the event your child(ren) may require immediate medical attention.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First M.I.*

Phone Number: \_\_\_\_\_  
*Home Phone Work Phone Cell Number*

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First M.I.*

Phone Number: \_\_\_\_\_  
*Home Phone Work Phone Cell Number*

Email: \_\_\_\_\_

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### PARENTS' INFORMATION

FATHER's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
or Legal Guardian \_\_\_\_\_  
*Last First M.I.*

Employer Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

MOTHER's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
or Legal Guardian \_\_\_\_\_  
*Last First M.I.*

Employer Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Village of residence: \_\_\_\_\_