OPELOUSAS CATHOLIC SCHOOL

EMERGENCY INFORMATION

2016 ~ 17 ACADEMIC YEAR

EMERGENCY INFORMATION

PLEASE PRINT

Homeroom Teacher/Grade: _____

Legal Guardian:_____

Student's Name (Last):_____ (First): _____

Date of Birth: _____ Religion: _____

Address: _____City: _____ Zip Code: _____

Home Phone: _____ Parent's Email Address: _____

Mother's Name: _____ Cell Phone #: _____

Place of Employment: _____ Phone #: _____

Father's Name: _____ Cell Phone #: _____

Place of Employment: _____ Phone #: _____

What Public School would your child attend if he/she did not attend Opelousas Catholic?

_____

Allergies: _____Other Conditions: _____

Bus #: _____

Other children attending Opelousas Catholic:

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Alternates authorized to pick up children:

Name	Phone No.	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____