



**OPELOUSAS CATHOLIC SCHOOL**  
**EMERGENCY INFORMATION**  
 2017 -18 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
_____	_____
_____	_____
_____	_____
_____	_____

