

Last Four Numbers of Child's Social Security Number: _____

Do you have any family members currently attending our school? Yes No
If yes, please provide relationship, name, and current grade level:

Does your child have any allergies, major surgeries, illnesses, injuries, or pre-existing conditions that we should be aware of? If yes, please list them on the lines provided below:

Does your student communicate in a language other than English? Yes No

Is English the only language spoken in your home? Yes No

Does your child speak English more-frequently than any other language? Yes No

Please list five adults permitted to pick up your child each day:

1. _____
Relationship / Phone Number: _____
2. _____
Relationship / Phone Number: _____
3. _____
Relationship / Phone Number: _____
4. _____
Relationship / Phone Number: _____
5. _____
Relationship / Phone Number: _____

Does your child take any medication? Yes No

Does your child have asthma and an inhaler? Yes No

Are you a Saint Adalbert Catholic School alumnus? Yes No

EMERGENCY INFORMATION IN CASE PARENT IS NOT AVAILABLE

This information is REQUIRED of all students in case of an emergency.

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Please initial on each line indicating that you read and understand the following:

- I am required to pay a \$50 yearly registration fee per child* _____
- I am required to have current immunization records to the nurse by August 15th* _____
- I am required to provide a copy of my child's birth certificate to the school* _____
- Our school has a dress code policy to follow including gym uniforms* _____
- Cell phone usage is not permitted in school or at school events* _____
- Students will use and must properly care for Chromebooks, laptops, and iPads* _____

By completing this registration, your child will abide by the policies & procedures outlined in the "Saint Adalbert Catholic School Student / Parent Handbook". Copies are available online or in the Main Office.