Sacred Hearts Academy

Emergency Information

Please print legibly in black ink and return this completed form to your homeroom teacher.

Student's Name: _____ **Entering Grade:** ____
First *Middle* *Last*

Home Address: _____

_____ _____ _____
City State Zip Code

Home Phone #: _____ Date of Birth: _____

Ethnic Background: _____

Religion: _____ If Catholic, please list parish: _____

School attended last school year: _____

If any relative is a graduate of Sacred Hearts Academy, please list below:

Name _____ Relationship to Student _____
Name _____ Relationship to Student _____
Name _____ Relationship to Student _____

Emergency Contact other than parents and/or guardians:

Name: _____ Relationship to Student: _____

Home #: _____ Cell #: _____ Work #: _____

PARENT/GUARDIAN INFORMATION

(Please provide a copy of legal documentation if only one parent has custody rights.)

Male Parent/Guardian:

Name: _____

Relationship to Student: _____

Receive mail & report cards: ☐ Yes ☐ No

Student lives with this parent: ☐ Yes ☐ Part-time ☐ No

Mailing Address (if different from above):

_____

_____
City State Zip Code

Home #: _____ Work #: _____

Pager #: _____ Cell #: _____

E-mail: _____

Employer: _____

Occupation: _____

Female Parent/Guardian:

Name: _____

Relationship to Student: _____

Receive mail & report cards: ☐ Yes ☐ No

Student lives with this parent: ☐ Yes ☐ Part-time ☐ No

Mailing Address (if different from above):

_____

_____
City State Zip Code

Home #: _____ Work #: _____

Pager #: _____ Cell #: _____

E-mail: _____

Employer: _____

Occupation: _____