St. Mary Immaculate Conception Catholic School
510 S 2nd Street, PO Box 100; Guttenberg, IA 52052; 563-252-1577

Student Family Registration

Date:

Family Name: Students First Names:

Home Address:
Street PO Box City

Email for use of school info:

School District in which students reside:

Parents/Guardians with whom the student resides:

Name and Relationship to student:

Address:

Phone:

Employer: Work Email:

Work Phone: Work Hours:

Cell Phone:

Name and Relationship to student:

Address:

Phone:

Employer: Work Email:

Work Phone: Work Hours:

Cell Phone:

If parents are separated who has primary care of the child(ren)? ___ Mother___ Father

If parents are separated or divorced, custodial arrangement is: ___ Sole ___ Joint

Please note: As per Archdiocesan policy, please provide the custodial arrangements from the divorce decree or other court documents relating to custody.

Person to be contacted in case of emergency when parents/guardians are unreachable

Name and Relationship to student:

Address:

Phone:

Employer: Work Email:

Work Phone: Work Hours:

Cell Phone:

Emergency Information

In case of emergency, which parent should be called first? _____

In the event that my child requires medical care when I am unable to be reached, I hereby give my consent to medical or surgical treatment to _____ (name of hospital) and to_____ (name of doctor) or his/her designee to provide this care.

In the event that my child may require dental and/or dental surgical care while I am unable to be reached. I hereby give my consent for dental and/or dental surgical care to _____ (name of hospital) and to _____ (name of dentist) or his/her designee to provide this care.

I agree to pay all costs and fees contingent on any emergency medical or dental care for my child secured or authorized under this consent. I understand that every effort will be made to notify me immediately in case of emergency. I understand that this form will be presented upon admission for treatment.

Signature: _____ Date: _____

Student's Name:

Last

First

Middle

Date of Birth: Month Day Year

Place of Birth: City State

Baptism: Date Church City, State

First Communion: Date Church City, State

Ethnic Groups (1) White/Non-Hispanic (2) African American/Black (3) Asian American (4) Island/Pacific
(5) Hispanic/Latin Amer (6) Native American Indian (7) Other _____

Student's Name:

Last

First

Middle

Date of Birth: Month Day Year

Place of Birth: City State

Baptism: Date Church City, State

First Communion: Date Church City, State

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