Saint Patrick School
of the Terre Haute Deanery

Student Information			
Student Name (Last, First, Middle)		Student Grade (24-25)	
Home Address	City	State	Zip
Home Phone	Date of Birth (mm/dd/yyyy)		Ethnicity

Siblings		
Name	Date of Birth (mm/dd/yyyy)	School

Father/Guardian Information	
Name (Last, First, Middle)	Phone
Employer/Company	Work Phone
Home Address (if not the same)	Email

Father/Guardian (check all that apply)		
☐ Send Mail to Home	☐ Authorized Emergency Contact	☐ Print Name on Reports
☐ Custodial Rights	☐ Lives with Child	☐ Authorized for pick-up

Mother/Guardian Information	
Name (Last, First, Middle)	Phone
Employer/Company	Work Phone
Home Address (if not the same)	Email

Mother/Guardian (check all that apply)		
☐ Send Mail to Home	☐ Authorized Emergency Contact	☐ Print Name on Reports
☐ Custodial Rights	☐ Lives with Child	☐ Authorized for pick-up

Emergency Information		
Names of individuals **other than parents** allowed to pick up the student:		
Name	Relationship to Student	Phone
Important Information		
Is there a visitation order or other court order banning any individual from removing the student during the school day or coming into contact with the student during the school day? ☐ Yes ☐ No		
Do parents have shared parental responsibility? ☐ Yes ☐ No **If no, please provide school with copy of court order.**		
Student County of Residence	Public School of Residence	School Corp. of Residence
Please do *not* allow my student to be picked up by:		

Medical Treatment Release	
Primary Doctor	Phone
Dentist	Phone
Insurance Carrier	Hospital Preference

I give St. Patrick Catholic School of the Terre Haute Deanery and its designated representative permission to transport and sign all forms related to the necessary medical treatment for my child. I also permit any and all required medical treatment to be administered by qualified medical personnel, including calling 9-1-1.

Parent/Guardian Name	Parent/Guardian Signature	Date

Does this student have a current special education plan in place (i.e. IEP, ISP, CSEP)?

Does this student have any health concerns (diabetes, ADHD, etc.)?

Please list any any all medications the student is currently taking:

Please list any any all known allergies (including food and medications):