



2022-23 APPLICATION & MEDICAL INFORMATION

Name _____

Last

First

Middle

Gender _____ Grade (2022-2023) _____ Birth Date ____/____/____

Previous School (if not Holy Name): _____

Race/Ethnicity: Hispanic American Indian Asian Black Pacific Islander White Multiracial: _____

Street Address _____ City _____ Zip _____ Home # _____

Religious/Parish Affiliation Parishioner Catholic; Non-Parishioner Non-Catholic

Please indicate who has legal custody by checking the following box/es:

Church of Affiliation _____

Mother's Name _____ Home # _____ Cell # _____

Street Address _____ City _____ Zip _____

Workplace _____ Work # _____ Email _____

Father's Name _____ Home # _____ Cell # _____

Street Address _____ City _____ Zip _____

Workplace _____ Work # _____ Email _____

Guardian's Name _____ Home # _____ Cell # _____

Street Address _____ City _____ Zip _____

Workplace _____ Work # _____ Email _____

With whom does the child live? Father Mother Guardian Other Adults in home _____

Please list any physical limitations or medical problems

Circle all that apply: Asthma y / n Seizures y / n

Allergies y / n If yes, please list and explain

With whom (other than legal guardians) may your child be released?

Name _____ Phone # _____

Name _____ Phone # _____

What is your child's typical mode of transportation after school?

Car Rider Walker Bike Rider Extended Care

In case of an emergency involving your child, it is the policy of Holy Name Catholic School to render first aid treatment while contacting parents/guardians for further instructions. In the event that the parents/guardians cannot be contacted, school officials will contact 911.

I grant permission to Holy Name Catholic School personnel to send my child to the hospital for treatment. My hospital preference is _____.

I give the Holy Name Catholic School Personnel authorization to treat my child in the absence of the school nurse.

Insurance coverage: y / n _____

Parent/Guardian Signature _____ Date _____

***Parents/guardians are responsible for any uncovered/unpaid tuition balance.**

Parent/Guardian Signature: _____