

**Monsignor Clarke School**  
**Family Emergency Information and Demographics 2017-2018**  
**PLEASE COMPLETE FRONT & BACK IN ITS ENTIRETY**

**Town That Provides Textbooks:** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**(grades 2-8 only)**

**Best Email Contact:** \_\_\_\_\_

*Please Print Clearly:* **MCS Student Information** – please begin with oldest child.

<b>Student's Name:</b>	<b>Allergies/Medical Prob.</b>	
_____	DOB: _____	Grade '17-18: _____
_____	DOB: _____	Grade '17-18: _____
_____	DOB: _____	Grade '17-18: _____
_____	DOB: _____	Grade '17-18: _____

**Address :** \_\_\_\_\_  
Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I give permission for my info to be published in a PTO Sponsored Student Directory: No: \_\_\_\_\_ Yes: \_\_\_\_\_

I give permission for my email to be shared with the PTO: No: \_\_\_\_\_ Yes: \_\_\_\_\_

Parish to which family is registered: \_\_\_\_\_

Transportation: (please note if your children take a bus/which one or are parent driven am/pm):  
\_\_\_\_\_

**Mother:** \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name (if different) \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

Phone home: \_\_\_\_\_ cell: \_\_\_\_\_

Place of employment: \_\_\_\_\_ work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Father:** \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name (if different) \_\_\_\_\_

Address (if different than child): \_\_\_\_\_

Phone home: \_\_\_\_\_ cell: \_\_\_\_\_

Place of employment: \_\_\_\_\_ work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Custodial Agreement:** N/A \_\_\_\_\_ Sole \_\_\_\_\_ Dual: \_\_\_\_\_ Restraining Order: No: \_\_\_\_\_ Yes: \_\_\_\_\_ **(need copy)**

## IN THE EVENT OF AN EMERGENCY – ILLNESS - EARLY DISMISSAL

Please list any person who is authorized and willing to accept responsibility of your child(ren)'s care:

1.	Name	relationship	phone
2.	Name	relationship	phone
3.	Name	relationship	phone
4.	Name	relationship	phone
5.	Name	relationship	phone

In the event of a school emergency or closing, you will be notified via School Reach (the automated phone message system). School Reach is also used for general announcements (ex. event reminders). Please choose your contact numbers below.

School Reach mid-day emergency/school closing phone number(s): \_\_\_\_\_

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School Reach general announcements phone number(s): \_\_\_\_\_

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You also need to let us know, in the event of an emergency, if your child(ren) is/are to take the bus home as usual or to stay at the school for pick-up by indicating in the space provided below. **It is important that you talk to your children and make a plan for such circumstances.**

**My child has been instructed to:**  ***Take the Bus***  ***Remain at School***

**If I cannot be contacted in the case of a medical emergency, I give permission to have my child taken to**

**South County Hospital:**  **Yes**  **No** **If NO please specify hospital:** \_\_\_\_\_

Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Please be advised that the school should be notified of changes to any of the information above.***