

**FAMILY INFORMATION FORM**

**2017-2018 SCHOOL YEAR**

**POPE JOHN XXII ELEMENTARY SCHOOL**

**ARCHDIOCESE OF INDIANAPOLIS**

**Student #1 Name** \_\_\_\_\_

(as it appears on birth certificate)

*Last*

*First*

*Middle*

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ School District \_\_\_\_\_ County of Residence \_\_\_\_\_ Grade \_\_\_\_\_

Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_ Student's Race \_\_\_\_\_ Catholic/Non-Catholic  
(see options below) (circle one)

Daily Prescription Medication: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

**Student #2 Name** \_\_\_\_\_

(as it appears on birth certificate)

*Last*

*First*

*Middle*

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ School District \_\_\_\_\_ County of Residence \_\_\_\_\_ Grade \_\_\_\_\_

Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_ Student's Race \_\_\_\_\_ Catholic/Non-Catholic  
(see options below) (circle one)

Daily Prescription Medication: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

**Student #3 Name** \_\_\_\_\_

(as it appears on birth certificate)

*Last*

*First*

*Middle*

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ School District \_\_\_\_\_ County of Residence \_\_\_\_\_ Grade \_\_\_\_\_

Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_ Student's Race \_\_\_\_\_ Catholic/Non-Catholic  
(see options below) (circle one)

Daily Prescription Medication \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

**Student #4 Name** \_\_\_\_\_

(as it appears on birth certificate)

*Last*

*First*

*Middle*

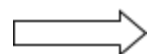
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ School District \_\_\_\_\_ County of Residence \_\_\_\_\_ Grade \_\_\_\_\_

Is the student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_ Student's Race \_\_\_\_\_ Catholic/Non-Catholic  
(see options below) (circle one)

Daily Prescription Medication \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Students may be picked up \_\_\_\_\_



**Racial Options for each student above are:**

*African-American, American Indian, Asian, Caucasian (white), Hispanic, Other, Pacific Islander*

**Parent/Guardian Contact #1 – Student lives with:**

- |                                |                                   |                               |
|--------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Mother   | <input type="radio"/> Stepfather  | <input type="radio"/> Aunt    |
| <input type="radio"/> Father   | <input type="radio"/> Stepmother  | <input type="radio"/> Uncle   |
| <input type="radio"/> Guardian | <input type="radio"/> Grandmother | <input type="radio"/> Sister  |
| <input type="radio"/> Other    | <input type="radio"/> Grandfather | <input type="radio"/> Brother |

Name \_\_\_\_\_  
*First* *Last*

Home Address \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email (**this is the Primary Communication Tool**) \_\_\_\_\_

**Parent/Guardian Contact #2**

- |                                |                                   |                               |
|--------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Mother   | <input type="radio"/> Stepfather  | <input type="radio"/> Aunt    |
| <input type="radio"/> Father   | <input type="radio"/> Stepmother  | <input type="radio"/> Uncle   |
| <input type="radio"/> Guardian | <input type="radio"/> Grandmother | <input type="radio"/> Sister  |
| <input type="radio"/> Other    | <input type="radio"/> Grandfather | <input type="radio"/> Brother |

Name \_\_\_\_\_  
*First* *Last*

Home Address \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email (**this is the Primary Communication Tool**) \_\_\_\_\_

**Parent/Guardian Contact #3**

- |                                |                                   |                               |
|--------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Mother   | <input type="radio"/> Stepfather  | <input type="radio"/> Aunt    |
| <input type="radio"/> Father   | <input type="radio"/> Stepmother  | <input type="radio"/> Uncle   |
| <input type="radio"/> Guardian | <input type="radio"/> Grandmother | <input type="radio"/> Sister  |
| <input type="radio"/> Other    | <input type="radio"/> Grandfather | <input type="radio"/> Brother |

Name \_\_\_\_\_  
*First* *Last*

Home Address \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email (**this is the Primary Communication Tool**) \_\_\_\_\_

**Parent/Guardian Contact #4**

- |                                |                                   |                               |
|--------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Mother   | <input type="radio"/> Stepfather  | <input type="radio"/> Aunt    |
| <input type="radio"/> Father   | <input type="radio"/> Stepmother  | <input type="radio"/> Uncle   |
| <input type="radio"/> Guardian | <input type="radio"/> Grandmother | <input type="radio"/> Sister  |
| <input type="radio"/> Other    | <input type="radio"/> Grandfather | <input type="radio"/> Brother |

Name \_\_\_\_\_

*First*

*Last*

Home Address \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email (**this is the Primary Communication Tool**) \_\_\_\_\_