

**FAMILY INFORMATION FORM
2018-2019 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)

Primary Address _____

Street *City* *State* *Zip*

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)

Primary Address _____

Street *City* *State* *Zip*

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)

Primary Address _____

Street *City* *State* *Zip*

Daily Prescription Medication _____

Allergies/Medical Conditions _____

Racial Options for each student above are:

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

Parent/Guardian Contact #1

___ mother ___ father ___ guardian ___ grandmother ___ grandfather ___ stepmother ___ stepfather
___ aunt ___ uncle ___ sister ___ brother ___ other _____

Name _____ **Cell Phone** _____

First *Last*

Home Phone _____ Work Phone _____ Employer _____

Home Address _____

Street Address *City* *State* *Zip Code*

Email (this is the Primary Communication Tool) _____

Parent/Guardian Contact #2

___ mother ___ father ___ guardian ___ grandmother ___ grandfather ___ stepmother ___ stepfather
___ aunt ___ uncle ___ sister ___ brother ___ other _____

Name _____ **Cell Phone** _____

First *Last*

Home Phone _____ Work Phone _____ Employer _____

Home Address _____

Street Address *City* *State* *Zip Code*

Email (this is the Primary Communication Tool) _____

Parent/Guardian Contact #3

___ mother ___ father ___ guardian ___ grandmother ___ grandfather ___ stepmother ___ stepfather
___ aunt ___ uncle ___ sister ___ brother ___ other _____

Name _____ **Cell Phone** _____

First *Last*

Home Phone _____ Work Phone _____ Employer _____

Home Address _____

Street Address *City* *State* *Zip Code*

Email (this is the Primary Communication Tool) _____

Parent/Guardian Contact #4

___ mother ___ father ___ guardian ___ grandmother ___ grandfather ___ stepmother ___ stepfather
___ aunt ___ uncle ___ sister ___ brother ___ other _____

Name _____ **Cell Phone** _____

First *Last*

Home Phone _____ Work Phone _____ Employer _____

Home Address _____

Street Address *City* *State* *Zip Code*

Email (this is the Primary Communication Tool) _____