

2020-2021 FAMILY INFORMATION FORM
POPE JOHN XXII ELEMENTARY SCHOOL

Student #1 Name _____
(as it appears on birth certificate) *Last* *First* *Middle*

Primary Address _____
Street Address *City* *State* *Zip*
Date of Birth _____ Gender _____ Grade _____
School District _____ County of Residence _____

Is the student Hispanic or Latino? Yes/No _____ Student's Race _____ Catholic/Non-Catholic _____
(circle one) (see options below) (circle one)
Daily Prescriptions/Allergies/Medical Conditions: _____

Student #2 Name _____
(as it appears on birth certificate) *Last* *First* *Middle*

Primary Address _____
Street Address *City* *State* *Zip*
Date of Birth _____ Gender _____ Grade _____
School District _____ County of Residence _____

Is the student Hispanic or Latino? Yes/No _____ Student's Race _____ Catholic/Non-Catholic _____
(circle one) (see options below) (circle one)
Daily Prescriptions/Allergies/Medical Conditions: _____

Student #3 Name _____
(as it appears on birth certificate) *Last* *First* *Middle*

Primary Address _____
Street Address *City* *State* *Zip*
Date of Birth _____ Gender _____ Grade _____
School District _____ County of Residence _____

Is the student Hispanic or Latino? Yes/No _____ Student's Race _____ Catholic/Non-Catholic _____
(circle one) (see options below) (circle one)
Daily Prescriptions/Allergies/Medical Conditions: _____

Student #4 Name _____
(as it appears on birth certificate) *Last* *First* *Middle*

Primary Address _____
Street Address *City* *State* *Zip*
Date of Birth _____ Gender _____ Grade _____
School District _____ County of Residence _____

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

Relationship (Mother, Father, Guardian, Etc.) _____

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

Relationship (Mother, Father, Guardian, Etc.) _____

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**) _____

Contact #3

Relationship (Mother, Father, Guardian, Etc.) _____

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**) _____

Contact #4

Relationship (Mother, Father, Guardian, Etc.) _____

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**) _____