



# ST. PIUS X REGIONAL SCHOOL

## Family Information 2018-2019

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**FAMILY LAST NAME** PARENTS FIRST NAMES HOME TELEPHONE

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CHILD'S NAME (1) GRADE A  B  CHILD'S NAME (2) GRADE A  B

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CHILD'S NAME (3) GRADE A  B  CHILD'S NAME (4) GRADE A  B

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STREET ADDRESS CITY STATE ZIP

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**MOTHER** EMAIL

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ADDRESS CITY STATE ZIP

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CELL PHONE WORK PHONE DAYS./HOURS

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**FATHER** EMAIL

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ADDRESS CITY STATE ZIP

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CELL PHONE WORK PHONE DAYS/HOURS

Child(ren) live(s) with:  Both Parents  Mother  Father  Guardian

Are both parents authorized to pick up the child(ren)?  Yes  No

If NO, explain \_\_\_\_\_

In the event of an emergency, if parents are unavailable please contact:

1. Name \_\_\_\_\_ Home# \_\_\_\_\_ 2<sup>nd</sup> Phone# \_\_\_\_\_

2. Name \_\_\_\_\_ Home# \_\_\_\_\_ 2<sup>nd</sup> Phone# \_\_\_\_\_

3. Name \_\_\_\_\_ Home# \_\_\_\_\_ 2<sup>nd</sup> Phone# \_\_\_\_\_

Are these contacts authorized to pick up the child(ren)?  Yes  No

**PLEASE NOTE: IN THE EVENT OF AN EARLY DISMISSAL** – If someone other than a parent is picking up your child(ren) we must have a note signed by the parent. Please refer to page 9 of our Parent-Student Handbook.

I/we have received a copy of the School Handbook and have carefully read, understand and agree to comply with the policies, regulations, procedures and traditions of this school as a condition for enrollment of my children. I/we further agree to meet all financial responsibilities, to conform to all uniform and dress codes and to fulfill all parent responsibilities.

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Signature of Mother/Guardian

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Date

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Signature of Father/Guardian

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Date