

MIAMI CHRISTIAN SCHOOL STUDENT INFORMATION CARD

Name _____ **Grade/Section** _____
(Last) (First) (Middle)
Address _____ **Date of Birth** _____
(Street) (Apt. #) (City) (Zip)
Home Phone _____ **Father's work #** _____ **Mother's work #** _____
Parents :Beeper (F) _____ Beeper (M) _____ Cellular (F) _____ Cellular (M) _____
Primary e-mail _____ **Student's Cellular Phone # (if any)** _____
Name and grd of other children now at MCS _____ **Church** _____
Full Name of Father _____ **Full Name of Mother** _____
Occupation _____ **Occupation** _____
Place Employed _____ **Place Employed** _____
Address of Parent ___M or ___F (if different than student) _____
(Street) (Apt. #) (City) (Zip)
Name of Person With Whom Student Lives (if not parent) _____ **Home Phone** _____
Cellular _____ **Beeper** _____
Relationship to Student _____ **Place Employed** _____ **Work Phone** _____

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EMERGENCY CONTACT

This section MUST BE COMPLETED:

Student Name _____

EMERGENCY CONTACT

This section MUST BE COMPLETED:

If the parent cannot be reached, the persons below should be contacted in an emergency; these persons are also authorized to make transportation arrangements for my child(ren).

Name _____

Address _____

Home Phone _____ Bpr/Cell _____

Relationship to Student _____

Name _____

Address _____

Home Phone _____ Bpr/Cell _____

Relationship to Student _____

Please indicate anyone who should not pick up your child:

Family Doctor _____

Phone _____

—

Student Name _____

In addition to the emergency contacts, these persons are authorized to pick up my child(ren):

1. _____

2. _____

3. _____

4. _____

MEDICAL CONDITIONS

List disabilities, allergies, or any medication presently or regularly used:

Father's Signature _____

Mother's Signature _____