St. Patrick Parish Faith Formation Returning Student Update

STUDENT NAME _____

Dear Parent, be sure to sign and date, <u>each new year</u> your child returns, whether there are "No Changes" or "Changes."

Grade 2 ☐ No Changes ☐ Changes noted below
Address/Phone Corrections _____
Other _____

_____ _____ _____
Parent Signature *Date* *School Year*

Office Use Only
Tuition Paid _____
Check # _____ Initial _____

Grade 3 ☐ No Changes ☐ Changes noted below
Address/Phone Corrections _____
Other _____

_____ _____ _____
Parent Signature *Date* *School Year*

Office Use Only
Tuition Paid _____
Check # _____ Initial _____

Grade 4 ☐ No Changes ☐ Changes noted below
Address/Phone Corrections _____
Other _____

_____ _____ _____
Parent Signature *Date* *School Year*

Office Use Only
Tuition Paid _____
Check # _____ Initial _____

Grade 5 ☐ No Changes ☐ Changes noted below
Address/Phone Corrections _____
Other _____

_____ _____ _____
Parent Signature *Date* *School Year*

Office Use Only
Tuition Paid _____
Check # _____ Initial _____

Grade 6 ☐ No Changes ☐ Changes noted below
Address/Phone Corrections _____
Other _____

_____ _____ _____
Parent Signature *Date* *School Year*

Office Use Only
Tuition Paid _____
Check # _____ Initial _____

Grade 7 ☐ No Changes ☐ Changes noted below
Address/Phone Corrections _____
Other _____

_____ _____ _____
Parent Signature *Date* *School Year*

Office Use Only
Tuition Paid _____
Check # _____ Initial _____

Grade 8 ☐ No Changes ☐ Changes noted below
Address/Phone Corrections _____
Other _____

_____ _____ _____
Parent Signature *Date* *School Year*

Office Use Only
Tuition Paid _____
Check # _____ Initial _____

Student Name: Last First

IN AN EMERGENCY, PLEASE CONTACT IN THIS ORDER:

1. _____
   Telephone(s) Name PARENT (S)
2. _____
   Telephone(s) Name Relationship to student
3. _____
   Telephone(s) Name Relationship to student

Student has responsible party's permission to be picked-up by:

- _____
- _____
- _____

Student Health Issues, Allergies, Special Needs (Please be specific)

_____

_____

_____

Primary Physician: _____
Name Telephone

Other: _____

_____

_____

_____
Parent/Guardian Signature Date