

Tuition: \$30.00 per student
(No more than \$70.00 per family)

GRADE _____
School Year: **2011-2012**

ST. PATRICK PARISH FAITH FORMATION RETURNING STUDENT UPDATE

STUDENT NAME _____

Grade _____ No Changes Changes noted below

Address/Phone Corrections _____

Other _____

Parent Signature

Date

Office Use Only

Tuition Paid _____

Check # _____

Initial _____

COMPLETE EMERGENCY INFORMATION ON REVERSE

Student Name: Last First

IN AN EMERGENCY, PLEASE CONTACT IN THIS ORDER:

1. _____
Parents' Names Telephone(s)

2. _____
Name Telephone(s) Relationship to student

3. _____
Name Telephone(s) 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