



# HOLY FAMILY SCHOOL 2020-2021 Student Census Information

## Student Information:

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State/Zip

Home Phone: \_\_\_\_\_ Home E-Mail: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age Today: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Religion: \_\_\_\_\_ School District: Waterloo Marshall Lake Mills  
Please circle one above

## Family Information:

Mother's Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Street City State/Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Member of: Holy Family Parish St. Gabriel the Archangel  
Other  
Please circle one above

Father's Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Street City State/Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Member of: Holy Family Parish St. Gabriel the Archangel  
Other  
Please circle one above

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**Emergency Contact Information:**

In case of emergency, if parents cannot be reached, who should the school contact?

**\*Contact #1:**

Name: \_\_\_\_\_  
Relationship

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_  
Relationship

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies/Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of serious accident or illness, and I cannot be reached, I authorize the above physician/or emergency personnel as determined by the school, to provide emergency treatment for my child.

\_\_\_\_\_  
Parent Signature Date: \_\_\_\_\_

I **do not** authorize the school to contact the above physician or emergency personnel in the event of an emergency.

\_\_\_\_\_  
Parent Signature Date: \_\_\_\_\_

**\*Required**