



Office Use Only

Last Name: _____

Class: _____

St. Paul's School

Haymarket, VA 703-754-1948

STUDENT INFORMATION FORM

2012-2013

E-MAIL/TELEPHONE/ADDRESS:

Child's last name

First name

Primary Class: _____
Date of Enrollment: _____

Child's D.O.B.: _____
Child's Age: _____

Home Address: _____
Street *City* *State* *Zip*

Mother's name: _____
Mother's cell phone: _____
Father's name: _____
Father's cell phone: _____
Home phone: _____

Mother's email: _____
Mother's work phone: _____
Father's email: _____
Father's work phone: _____

IN AN EMERGENCY CALL: _____ (Name) _____ (Relationship)
_____ (Phone) _____ (Email)

If the parent cannot be reached in an emergency, St. Paul's School has permission to transport my child, _____, to the nearest medical/emergency facility. The medical staff has my authorization to provide treatment that is deemed necessary for the well-being of my child.

(Signature of parent) _____ (Date)

MEDICAL CONCERNS/ALLERGIES:

List: _____

PICK UP INSTRUCTIONS:

Please list any specific instructions along with names of individuals permitted to pick up your child.

