



SUSSEX CHRISTIAN SCHOOL

*Train up a child in the way he should go; and when he is old, he will not depart from it.
Proverbs 22:6*

FAMILY INFORMATION SHEET 2012-2013

GENERAL INFORMATION

Last Name: _____

Father's First Name: _____ Mother's First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Email Address: _____

Father's Cell Phone #: _____ Mother's Cell Phone #: _____

- Would you like your email address to be published in the school directory? ()Yes ()No
- Do you wish to receive a printed copy of the Home Announcements each week? ()Yes ()No

For each child attending our school, please provide their name, grade, and date of birth:

Name	Grade	DOB

Name	Grade	DOB

Name of Local Public School District: _____

Indicate the type of transportation most used by your child(ren): ()School Bus ()Personally Picked Up

HEALTH CONCERNS

Please list any special health concerns or needs the school should be aware of (allergies, medical conditions, medications currently taking, etc.) Be sure to indicate the name of each child and their related concerns:

EMERGENCY CONTACT INFORMATION

Please complete all applicable information below so we can contact you in case of an emergency. Provide at least 2 individuals besides yourselves who we can call in the event you can't be reached.

- Name of Father's Employer: _____ ()Work from Home
Address of Employer: _____
Work Phone #: _____
Indicate Days at Work: ()Mon. ()Tues. ()Wed. ()Thurs. ()Fri. Hours: _____
- Name of Mother's Employer: _____ ()Work from Home
Address of Employer: _____
Work Phone #: _____
Indicate Days at Work: ()Mon. ()Tues. ()Wed. ()Thurs. ()Fri. Hours: _____
- 1st Alternate Contact Person: _____
Phone #: _____ Cell Phone #: _____
Relationship to Child: _____
- 2nd Alternate Contact Person: _____
Phone #: _____ Cell Phone #: _____
Relationship to Child: _____

PHYSICIAN INFORMATION

Physician's Name: _____ Phone #: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Special Instructions: _____

"I hereby authorize Sussex Christian School to contact the physician listed above in the event of an emergency. I also authorize the school to release my child(ren) to the alternate contacts listed above in the event of an emergency and they are unable to reach me."

Parent's Signature: _____ Date: _____