

This section to be completed by BRCS Office Staff.



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FAMILY INFORMATION FORM 2023-2024

FAMILY INFORMATION

This information represents the main contact information that will be entered for each student.

Physical Street Address, City, and Zip:
Mailing Address, City, and Zip, if different:
Home Phone Number:
Registered Parish or Church:

PARENT INFORMATION

Please complete, selecting one parent as the preferred contact for the first phone call in the case of sickness or emergency.

FATHER	Name:	Preferred Contact: <input type="checkbox"/>
Cell Phone:	Work Phone:	
Place of Employment and Occupation:		
Email Address:		
Mailing Address, City, and Zip, if different from above:		

MOTHER	Name:	Preferred Contact: <input type="checkbox"/>
Cell Phone:	Work Phone:	
Place of Employment and Occupation:		
Email Address:		
Mailing Address, City, and Zip, if different from above:		

EMERGENCY CONTACT INFORMATION

In the event of an emergency where a parent cannot be reached, please list three contacts whom we could notify, in order of contact preference:

Emergency Contact Name	Phone Number	Relation to students

STUDENT INFORMATION

Please complete one student section for each enrolled Bishop Ryan student in your family.

STUDENT #1	Name:	Grade:
Please list any prescribed medications:		
Please list any allergies: Do the allergies listed require special attention (EpiPens, instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any medical conditions: Do the medical conditions listed require special attention (instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		

STUDENT #2	Name:	Grade:
Please list any prescribed medications:		
Please list any allergies: Do the allergies listed require special attention (EpiPens, instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any medical conditions: Do the medical conditions listed require special attention (instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		

STUDENT #3	Name:	Grade:
Please list any prescribed medications:		
Please list any allergies: Do the allergies listed require special attention (EpiPens, instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any medical conditions: Do the medical conditions listed require special attention (instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		

STUDENT #4	Name:	Grade:
Please list any prescribed medications:		
Please list any allergies: Do the allergies listed require special attention (EpiPens, instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any medical conditions: Do the medical conditions listed require special attention (instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		

STUDENT #5	Name:	Grade:
Please list any prescribed medications:		
Please list any allergies: Do the allergies listed require special attention (EpiPens, instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any medical conditions: Do the medical conditions listed require special attention (instructions, etc.) on the school's part? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list any children in your family who do not attend Bishop Ryan in the spaces below.

Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate: