



**IMMACULATE CONCEPTION SCHOOL
FAMILY INFORMATION SHEET 2017 – 2018**

STUDENT: _____ **Grade:** _____

CELL PHONE: (Mother) _____ **(Father)** _____

Parent's Name: _____ Home Phone: _____

Street Address: _____ Apt.# _____ Borough: _____

City: _____ State: _____ Zip Code: _____

SIBLINGS AT ICS: _____ Grade: _____

_____ Grade: _____

CONTACT INFORMATION:

Mother's Name: _____ Email Address: _____

Mother lives with child: Yes () No () Business Phone: _____

Type of Work: _____ Work Hours: From: _____ To _____

Father's Name: _____ Email Address: _____

Father lives with child: Yes () No () Business Phone: _____

Type of Work: _____ Work Hours: From: _____ To _____

Guardian's Name: _____ Email Address: _____

Guardian lives with child: Yes () No () Business Phone: _____

Type of Work: _____ Work Hours: From: _____ To _____

Child's Doctor/ Clinic: _____ **Phone:** _____

In case of accident or serious illness, you have my permission to contact:

Name: _____ **Phone:** _____

LUNCH INFORMATION Must select one of the following:

____ My child **will eat the school lunch** provided by the Department Of Education and I will make the necessary payments as determined by the D. O. E.

____ My child **will bring lunch from home** and **will not eat the school lunch.**

Please list any allergies on a separate sheet of paper to be included with this form.

SIGNATURE OF PERSON COMPLETING THIS FORM: _____ **Date:** _____

_____ **Relationship to Child:** _____