



**IMMACULATE CONCEPTION SCHOOL
FAMILY INFORMATION SHEET 2016 – 2017**

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:** _____