



## Student & Family Information

Student Name: \_\_\_\_\_ Grade for 2021-22: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ M/F: \_\_\_\_\_ Bus Student: Yes / No Online Student Yes / No

Home Address: \_\_\_\_\_ City, St., Zip: \_\_\_\_\_

Band or orchestra: Yes / No Instrument: \_\_\_\_\_

Public School district your student resides: \_\_\_\_\_

Yes, I'm interested in \_\_\_\_\_ Billeting/ Host family \_\_\_\_\_ Carpooling

**PARENT INFORMATION:**

**FATHER**

**MOTHER**

Parent Name \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, St., Zip \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Employed by: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Virtus Trained: Yes / No  
If yes, when &/or where: \_\_\_\_\_

Virtus Trained: Yes / No  
If yes, when &/or where: \_\_\_\_\_

Student resides with \_\_\_\_\_ (both parents, mom, dad, grandparent, etc.)

Can photo of student be published in publications, Facebook, and/or website? Yes / No

**SIBLING INFORMATION**

Please list other minor children in the household (youngest to oldest)

Name	Birth Date	Current School	Grade Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## Student & Family Information (p. 2 of 2)

### FOR EMERGENCIES

In case of an accident or serious illness, the school will first contact a parent. Please provide information for a person other than a parent to be notified in an emergency situation when a parent cannot be reached.

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

### Preferred Physician for Emergency Treatment:

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Hospital: \_\_\_\_\_

### STUDENT HEALTH INFORMATION

Does the student have medical problems or physical disabilities, etc? Yes / No

If yes, please explain: \_\_\_\_\_

Does the student take any medication regularly? Yes / No

If yes, please specify & contact the office if medicine is needed to be given at school \_\_\_\_\_

Does the student need to wear eye glasses during the school day? Yes / No