

OUR LADY OF LOURDES SCHOOL
DATA CARD 2014 – 2015

Student Name: _____

Grade: _____

PARENT LAST NAME: _____
STREET: _____
STATE: _____
PHONE: _____
GENDER: _____
NICKNAME: _____
DAD NAME: _____
E-MAIL: _____
MOM CELL: _____
DAD CELL: _____
PARISH/ENV#: _____
Emer. Contact 1: _____
Emer. Contact 2: _____
Emer. Contact 3: _____
NATIONALITY: _____
DON'T RELEASE: _____
Allergies: _____
Medications: _____
Contact Lens: _____
Doctor Name: _____
Medical Conditions: _____
Insurance: _____

CITY: _____
ZIP: _____
HOMEROOM: _____
BIRTH DATE: _____
MOM NAME: _____
SALUTATION: _____
MOM WORK: _____
DAD WORK: _____
PRE-K DAYS: _____
Emer. Contact 1 Ph: _____
Emer. Contact 2 Ph: _____
Emer. Contact 3 Ph: _____
1ST DAY ATTEND: _____
DON'T RELEASE: _____
Allergies: _____
Glasses: _____
Braces: _____
Doctor Phone: _____

Second Parent Information (to be completed only if parents live in separate households)

PARENT NAME: _____
STREET: _____
STATE: _____
PHONE: _____
MOM NAME: _____
SALUTATION: _____
MOM CELL: _____
DAD CELL: _____

CITY: _____
ZIP: _____
E-MAIL: _____
DAD NAME: _____
MOM WORK: _____
DAD WORK: _____

I agree that the information provided above is correct.

Parent Signature: _____

Date: _____

Print Parent Name: _____