

**CARDINAL NEWMAN HIGH SCHOOL
2020/2021 EMERGENCY CARD**

STUDENT INFORMATION

Name _____		Grade 9 10 11 12
(PLEASE PRINT) Last _____	First & M.I. _____	Circle one
Address _____		
Street _____	City _____	Zip Code _____
Phone (H) _____	Birthdate: ----- _____	
Physician's name & phone number: _____		
Please list any medical conditions: _____		

PARENTAL INFORMATION

MOTHER'S Name _____	Phone (W) _____
E-mail Address _____	Phone (C) _____
Home Address and Phone if different from student's _____	
Employer _____	Occupation _____

FATHER'S Name _____	Phone (W) _____
E-mail Address _____	Phone (C) _____
Home Address and Phone if different from student's _____	
Employer _____	Occupation _____

******* If parents are divorced, a copy of the custody decree must be on file with the school. *******
*****If not already on file, please attach to this form.*****

PARENTS are: *Married* *Divorced* *Separated* *Widowed*

STUDENT lives with: *Both Parents* *Mother* *Father* *Guardian* _____

IF A PARENT CANNOT BE REACHED IN AN EMERGENCY, PLEASE CALL:

(note: these individuals will also be authorized to sign in or out the student in place of the parents/guardians listed above.)

Name/Relation: _____ Phone: _____

Name/Relation: _____ Phone: _____

DATE COMPLETED: _____

(Over)

CARDINAL NEWMAN HIGH SCHOOL
Parent-Student Handbook Acknowledgement Form

I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the Parent-Student Handbook and understand the consequences of any violations of the rules and policies of the school.

I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. Moreover, I further understand that all of the school's policies whether written or verbal are only guidelines and are subject to change at the sole discretion of the school with or without notice.

I also hereby acknowledge that I have read and agree to the terms of the **RELEASES** outlined in the School-Sponsored Events Policy, the Participation in School Athletics or Organizations Policy, and the Use of Photos Policy.

(Print Parent/Legal Guardian Name)

(Date)

(Signature Parent/Legal Guardian)

(Date)

(Print Student Name)

(Grade)

(Signature Student)

(Date)

Any parent who does not wish his or her child's picture or video to be used accordingly must notify the school's principal in writing prior to the beginning of each school year, by August 1.