

Cathedral School – Emergency Form 2024-2025

Student's Full Name: _____

24/25 Teacher: _____

Student's Address: _____

Graduation Year: _____

Age: _____ Date of Birth: _____ Gender: _____ 24/25 Grade: _____

Family ID: _____

FAMILY #1

Guardian 1

Guardian 2

Full Name		
Relationship		
Address		
Home Phone		
Cell Phone		
Work Phone		
Email		

FAMILY #2

Guardian 1

Guardian 2

Full Name		
Relationship		
Address		
Home Phone		
Cell Phone		
Work Phone		
Email		

Allergy/Critical Alert Information Cathedral School should know (Y/N):

The parents have legal responsibility for medical expenses incurred on behalf of their child. Parents are to notify the school whenever any of the above information changes.

Signature _____ Date _____

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CATHEDRAL SCHOOL STUDENT DISMISSAL INFORMATION

Please fill out if known – we MUST have on file for the first day of school

Student Name: _____ 24/25 Grade: _____ 24/25 Teacher: _____
 Family ID: _____

Please assist us in knowing more about your child’s final destination after school. Please check the appropriate box for each day to indicate where your child should go after school. Please note: The information below will be used for the entire school year. Please notify Cathedral School of any changes in your child’s schedule.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Cathedral: <i>Parent Pick Up</i>					
Cathedral: <i>After School Care</i>					
Bus To: <i>Please indicate final daily destination in box</i>					
Bus to Blessed Sacramento: <i>Walk home with older sibling</i>					
Bus to Blessed Sacramento: <i>After School Care</i>					
Bus to Blessed Sacramento: <i>Parent pick up</i>					

NOTICE: If transportation would change on any particular day the school office must be notified by 12:00 noon. We request you send any changes in writing with your child. We must have contact from a parent. Thank you.

EARLY DISMISSAL INFORMATION

In case of an unexpected early school closing or early dismissal day, my child should: *(check one)*

<input type="checkbox"/> Parent will pick up (within 30 mins)	<input type="checkbox"/> Other (Please indicate below)
<input type="checkbox"/> If buses are running, will ride bus home	
<input type="checkbox"/> Person(s) listed below will pick up (within 30 mins) <i>Name and Relationship:</i>	

Parent Signature _____ Date _____

Daytime Phone of Parent(s): _____

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