MIAMI CHRISTIAN SCHOOL STUDENT INFORMATION CARD

Name	G	Grade/Section	
(Last) (First) Address	(Middle)	Date of Birth	
(Street) (Apt. #) (Characteristic Home Phone Father's work #_	City) (Zip)		
Parents :Beeper (F)Beeper (M)	Cellular (F)	Cellular (M)	
Primary e-mail	Student's Cellular Phone	e # (if any)	
Name and grd of other children now at MCS		Church	
Full Name of Father	Full Name of Moth	er	
Occupation	Occupation		
Place Employed	Place Employed		
Address of ParentM orF (if different tha	n student)		
Name of Person With Whom Student Lives (if not page 1)	(Street)	(Apt. #) (City)Home Phone	(Zip)
Cellular	Beeper		
Relationship to StudentPlace Er	nployed	Work Phone	
MIAMI CHRISTIAN SCI	HOOL STUDENT INF	FORMATION CARD	
Name(Last) (First)	G (Middle)	Grade/Section	
Name	(Middle) City) (Zip)	irade/SectionDate of Birth	
Name(Last) (First) Address(Street) (Apt. #) (O	(Middle) City) (Zip)	Grade/SectionDate of Birth	
Name	(Middle) City) (Zip) Cellular (F)	Grade/SectionDate of Birth	
Name	(Middle) City) (Zip) Cellular (F) Student's Cellular Phone	Date of Birth Mother's work # Cellular (M) e # (if any)	
Name(Last) (First) Address(Street) (Apt. #) (Outline PhoneFather's work #	(Middle) City) (Zip) Cellular (F) Student's Cellular Phone	Date of BirthMother's work #Cellular (M) e # (if any)Church	
Name(Last) (First) Address(Street) (Apt. #) ((Home PhoneFather's work #	(Middle) City) (Zip) Cellular (F) Student's Cellular Phone Full Name of Moth	Date of BirthMother's work #Cellular (M) e # (if any)Church	
Name(Last) (First) Address(Street) (Apt. #) ((Home Phone	(Middle) City) (Zip) Cellular (F) Student's Cellular Phone Full Name of Moth Occupation	Date of BirthMother's work # Cellular (M) e # (if any) Church_	
Name	(Middle) City) (Zip) Cellular (F) Student's Cellular Phone Full Name of Moth Occupation Place Employed in student)	Date of BirthMother's work #Cellular (M) e # (if any)Church er	
Name	(Middle) City) (Zip) Cellular (F) Student's Cellular Phone Full Name of Moth Occupation Place Employed in student) (Street)	Date of Birth	(Zip)
Name	(Middle) City) (Zip) Cellular (F) Student's Cellular Phone Full Name of Moth Occupation Place Employed in student) (Street) arent	Date of Birth	(Zip)
Name (Last) (First) Address (Street) (Apt. #) ((Home Phone Father's work #_ Parents:Beeper (F) Beeper (M) Primary e-mail Name and grd of other children now at MCS Full Name of Father Occupation Place Employed Address of Parent M or F (if different that Name of Person With Whom Student Lives (if not particular to particular that the Name of Person With Whom Student Lives (if not particular to part	(Middle) City) (Zip) Cellular (F) Student's Cellular Phone Full Name of Moth Occupation Place Employed in student) (Street) arent Beeper	Date of Birth	(Zip)

This section MUST BE COMPLETED:

EMERGENCY CONTACT

Student Name _____

EMERGENCY CONTACT

This section MUST BE COMPLETED:	Student Name
If the parent cannot be reached, the persons below should	
be	In addition to the emergency contacts, these persons are authorized
contacted in an emergency; these persons are also authorized	to pick up my child(ren):
to make transportation arrangements for my child(ren).	
	1
Name	
	2
	3.
AddressBpr/Cell	,
Relationship to Student	4
Name	MEDICAL CONDITIONS
Address	List disabilities, allergies, or any medication presently or
Home Phone Bpr/Cell Bpr/Cell	regularly used:
Relationship to Student	
Please indicate anyone who should not pick up your child:	
Family Doctor	
Phone	Father's Signature
_	Mother's Signature