

**MIAMI CHRISTIAN SCHOOL STUDENT INFORMATION CARD**

Name \_\_\_\_\_ Grade/Section \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Street) (Apt. #) (City) (Zip)

Home Phone \_\_\_\_\_ Father's work # \_\_\_\_\_ Mother's work # \_\_\_\_\_

Parents e-mail (F) \_\_\_\_\_ Cellular (F) \_\_\_\_\_ Cellular (M) \_\_\_\_\_

Student's e-mail \_\_\_\_\_ Student's Cellular Phone # (if any) \_\_\_\_\_

Name and grade of other children now at MCS \_\_\_\_\_ Church \_\_\_\_\_

Full Name of Father \_\_\_\_\_ Full Name of Mother \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Place Employed \_\_\_\_\_ Place Employed \_\_\_\_\_

Address of Parent \_\_\_ M or \_\_\_ F (if different than student) \_\_\_\_\_  
 (Street) (Apt. #) (City) (Zip)

Name of person with whom student lives (if not parent) \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Cellular \_\_\_\_\_ e-mail \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Place Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACT**

**This section MUST BE COMPLETED:**

If the parent cannot be reached, the persons below should be contacted in an emergency; these persons are also authorized to make transportation arrangements for my child(ren).

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Please indicate anyone who should not pick up your child:

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Student Name \_\_\_\_\_

In addition to the emergency contacts, these persons are authorized to pick up my child(ren):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**MEDICAL CONDITIONS**

List disabilities, allergies, or any medication presently or regularly used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_