



St. Joseph Catholic School System Emergency Contact Form · 2018-2019

Elementary Campus: 901 E. Wm. Joel Bryan Pkwy., Bryan, TX 77803 • Phone: 979-822-6643
Secondary Campus: 600 S. Coulter Dr., Bryan, TX 77803 • Phone: 979-822-6641
Fax: 979-779-2810 • www.stjosephschoolbcs.org

Registration Fees: \$150 for returning students, \$200 for new students, \$1,000 for new international students.

Please complete one form per student.

Student's Name: _____
First Middle Last

Student's Grade: _____ Student's Date of Birth: _____ / _____ / _____
mm dd yyyy

Parent and/or Guardian Contact Information

Parent Names: _____
Mother's Name Father's Name

Religious Preference: _____ Parish or Church: _____

Ethnic Background: _____

Parental Contact Information

Mailing Address (for all mailings) _____ City, State, Zip _____

Home phone: _____ Mother's cell # _____ Father's cell # _____

Mother's Email: _____ Father's Email: _____

Mother's place of work _____ Work phone #: _____

Father's place of work _____ Work phone #: _____

Guardian Contact Information

Name: _____

Mailing Address (for all mailings) _____ City, State, Zip _____

Home phone: _____ Guardian's cell # _____ Guardian's cell # _____

Guardian's Email: _____

Guardian's place of work _____ Work phone #: _____

Emergency Contacts

Please list two alternate emergency contact names and phone numbers.

Name: _____ Relationship: _____

Main Phone #: _____ Alternate Phone #: _____

Name: _____ Relationship: _____

Main Phone #: _____ Alternate Phone #: _____

List siblings who attend St. Joseph Catholic School

Name: _____ Grade level for 2018-19: _____

Name: _____ Grade level for 2018-19: _____

Name: _____ Grade level for 2018-19: _____

Name: _____ Grade level for 2018-19: _____

Physician/Insurance Information

Primary Physician's Name: _____ Phone #: _____

Known allergies or medical conditions: _____

Daily medications taken by the student: _____

Health Insurance Co: _____ Policy # : _____

In case of an emergency, the school will try to contact the student's mother/father or legal guardian. If neither mother/father nor legal guardian can be reached, I authorize a representative of St. Joseph Catholic School to refer my child to the above named physician. In the event of an emergency, EMS will be called and the child will be brought to the hospital of your choice or the one EMS deems available and/or appropriate for the type of emergency. I understand that I will be responsible for the payment of all expenses incurred.

Parent or Guardian Signature: _____ Date: _____

Permissions

My child has permission to be picked up by: _____

My child may NOT be picked up by: _____

Photo Release

Occasionally St. Joseph Catholic School will take photographs of students that will be used in the yearbook and other promotional materials. Please initial below:

_____ St. Joseph Catholic School has my permission to photograph my child for the yearbook and other promotional materials.

_____ St. Joseph Catholic School DOES NOT have my permission to photograph my child for the yearbook and other promotional materials.

Transportation Release

Occasionally students are transported between campuses, to athletic competitions and practices, and/or to class field trips, on the school bus.

_____ St. Joseph School has my permission to transport my child via the school's bus transportation.

_____ St. Joseph School DOES NOT HAVE my permission to transport my child via the school's bus transportation.

Parent/Guardian Signature: _____ Date: _____