SAINT THERESE
CATHOLIC SCHOOL

St. Therese Catholic School
Change of Information Form

PLEASE SUBMIT ONLY THE INFORMATION THAT HAS CHANGED!

Student Name _____Grade _____
Last First Middle

Telephone # _____

Address: _____City _____ St._____ Zip Code _____

Mother/Guardian_____ Place of Employment _____ Work Phone _____

Email _____ Cell Phone # _____

Father/Guardian _____Place of Employment _____ Work Phone _____

Email _____ Cell Phone # _____
Child Resides with: Mother _____Father ____Both ____Other ____

Persons to be called in an emergency (Not the same as any of the above numbers). You give permission for these persons to also pick up your child.

1. _____Relation: _____Phone:_____
2. _____Relation: _____Phone:_____
3. _____Relation: _____Phone:_____
4. _____Relation: _____Phone: _____

The following individuals may NOT pick up my child. (If there is a court restraining order, make sure the office has a copy for the student records.)

1. _____Relation: _____
2. _____Relation: _____

If such an attempt is made, please contact:_____

EMERGENCY MEDICAL TREATMENT STATEMENT

(In case of emergency and inability to contact family member)

Pediatrician/Doctor: _____Phone #_____

Insurance Company: _____Policy #_____

Certification of Accident Insurance

PLEASE FILL OUT SECTION A OR B

A. As Parents/Guardians of _____student attending St. Therese Catholic School, we hereby certify that our present insurance policy provides coverage for any accidents, which might occur during the school day. We are aware of the requirement of the Diocese of Jackson that all children must have this coverage. However, we do not choose to use the offered school insurance program because our own insurance will cover our child. I am also aware that the school is not liable for any deductible, out of pocket expenses or other uninsured amounts paid by me for medical expenses incurred by my child.

B. If your health policy does not cover accidents, you will need to purchase school accident insurance through the Jerry Lyons Insurance Agency.
_____We will purchase school accident insurance through the Jerry Lyons Agency.

Any known allergies or medical conditions_____

Signature: _____ Date: _____