

Confirmation Registration / Spirit Day Permission Slip

Student Information

Full Name (First Middle Last): _____

Birth Date: _____ Grade: _____ School: _____

Family Information (if there is a second family involved please provide information on the back of this form)

Parent/Guardian Legal Name(s): _____

Address: _____

City, State, Zip code: _____

Home Phone: _____ Father's cell: _____ Mother's cell: _____

Email address: _____

Student(s) live with: Birth Mother Birth Father Stepmother Stepfather
 Other (please specify) _____

Will attendance be irregular due to custodial arrangements: Yes No

Photo Release

We understand that permission is required for our child's photograph to be published in St. Mary Parish's newsletter, church monitor, app, local newspapers, publicity brochures, website, and on G-TV should the occasion arise. This permission is given for the duration of our child's education in St. Mary's Confirmation/Spirit Day program.

I grant permission

I refuse permission

Parent/Legal Guardian Signature: _____ **Date:** _____

Emergency Information

Contact (other than parent)/Relationship/Phone: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Preferred Hospital: _____

Allergies and other Medical Conditions (allergies, epilepsy, asthma, diabetes, heart problem, diet restrictions, ADD, ADHD etc.): _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.

Parent/Legal Guardian Signature: _____ **Date:** _____