



U OF D JESUIT STUDENT DATA/EMERGENCY FORM

2009 – 2010



BOTH SIDES OF THIS FORM MUST BE COMPLETED BY A PARENT
(Please Print)

TODAY'S DATE _____

STUDENT'S GRADE BEGINNING SEPT. 2009 _____

PRINT STUDENT'S FULL LEGAL NAME (as shown on birth certificate):
 _____ Check here if any of the information below has changed since last year. If so, what? _____

Last Name	First Name	Middle Name
Current Street Address ()	City	Zip Code
Current Home Phone (include area code) ()	Student's Birth date (month/date/year)	
Student's Cell Phone Number (include area code)		

Student currently lives with:

Father & Mother _____ Mother only _____ Father only _____ Mother & Step-Father _____

Father & Step-Mother _____ Grandparent(s) _____ Guardian(s) _____

Part-time with Mother and Part-time with Father _____ Other _____ (please describe)

Father/Step-Father (Male Guardian)
 _____ Check here if any of the information below has changed since last year. If so, what? _____

Last Name	First Name	Middle Name ()
Company Name ()	Position	Business Phone
Cell Phone	Father/Step-Father Preferred E-mail Address	

Mother/Step-Mother (Female Guardian)
 _____ Check here if any of the information below has changed since last year. If so, what? _____

Last Name	First Name	Middle Name ()
Company Name ()	Position	Business Phone
Cell Phone	Mother/Step-Mother Preferred E-mail Address	

Parent Not Living With Student
 (If you provide this parent's address information we will send him or her **ALL MAILINGS**)
 _____ Check here if any of the information below has changed since last year. If so, what? _____

Last Name	First Name	Middle Name
Home Address ()	City	Zip Code
Home Phone	This parent's E-mail Address ()	
Company Name ()	Position	Business Phone
Cell Phone		

PLEASE SEE REVERSE SIDE FOR MORE INFORMATION AND REQUIRED SIGNATURES

Emergency Contacts

IF SCHOOL PERSONNEL ARE UNABLE TO REACH EITHER PARENT/GUARDIAN LISTED ON THE REVERSE SIDE OF THIS FORM, THE FOLLOWING PERSON(S) ARE AUTHORIZED TO TAKE MY CHILD HOME FROM SCHOOL:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medication Information and Permission

This is a reminder to all parents to complete a **RELEASE FOR THE DISPENSING OF MEDICATION FORM** for their son for the 2009-2010 school year. The form will be sent home with the summer mailing, and it is available in the Student Affairs Office or on the U of D Jesuit website (www.uofdjesuit.org). The form should be mailed in to the Student Affairs Office or turned in on your son's orientation day. A Doctor's signature is required for the dispensing of ALL medication, prescription or over-the-counter.

CONSENT FOR RELEASE OF RECORDS: U of D Jesuit may provide a copy of the immunization record/medical form to colleges, transfer schools, and Christian Service sites when requested by the parent on behalf of the institution.

_____ **YES** _____ **NO**

U of D Jesuit High School and Academy Student Directory

The University of Detroit Jesuit High School & Academy prints and distributes a student / parent directory. Some of the information provided on this form will be published in that directory unless you specifically let us know that you do not wish it to be included.

The information that will be published is:

Student Name, Class Year, Home address, Home phone number, Parents (Guardian's) First and Last Names and, if applicable, the Name, Home Address and Home Phone of the Parent that lives with the student part-time.

Please call Mrs. Coccia at 313-927-2351 if you have any questions.

____ I DO **WISH TO HAVE MY INFORMATION PUBLISHED IN THE U of D JESUIT STUDENT/PARENT DIRECTORY.**

____ I DO NOT **WISH TO HAVE MY INFORMATION PUBLISHED IN THE U of D JESUIT STUDENT/PARENT DIRECTORY.**

Walking/Riding Home, Open Periods, Canceled Class

____ I DO ____ I DO NOT give permission for my son to walk home or ride the bus via Detroit Public Transportation during the 2008-09 school year. I accept responsibility for him, legal and otherwise, and release U of D Jesuit High School & Academy from any legal responsibility while he is off campus.

Parents of JUNIORS/SENIORS only: ____ I DO ____ I DO NOT give permission for my son to report to campus no later than PERIOD 2 as long as he has a scheduled **open** PERIOD 1 or a **canceled** PERIOD 1 class. ____ I DO ____ I DO NOT give permission for my son to leave campus after his PERIOD 7 class as long as he has a scheduled **open** PERIOD 8 or a **canceled** PERIOD 8 class. I accept all responsibility for him, legal or otherwise, and release U of D Jesuit High School & Academy from any legal responsibility.

Father/Step-Father/Guardian Signature

Mother/Step-Mother/Guardian Signature