

Shepherd of the Hills Student Information Form

Student Information

Name (Last, First, Middle)					
Street Address/PO Box		Grade	Gender	Date of Birth	Ethnicity/Race
City/Zip Code			Best Contact Telephone Number		
Please check yes or no to the statements below.			<input type="checkbox"/> Home <input type="checkbox"/> Dad Cell <input type="checkbox"/> Mom Cell		
YES		NO		Student needs to take prescription medication during the school day.	
YES		NO		Allergy Action Plan:	
YES		NO		Health Care Accommodation Plan:	
YES		NO		Student wears glasses or contact lenses.	
YES		NO		Student wears a retainer, braces, or other dental appliance.	
YES		NO		All vaccinations and immunizations for the student are current.	

Release of Information - Photography & Video Consent

Please check yes or no to the statements below.

YES		NO	
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I hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by Shepherd of the Hills Catholic Parish and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of Shepherd of the Hills Catholic School and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts. I release the staff and volunteers and I understand and agree that the use of my picture or my child's picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

YES		NO	
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Social Media: Shepherd of the Hills has permission to tag me in photos and posts on social media including but not limited to Facebook, Instagram, and Twitter. Tagging pictures, posts, etc. with the names of minors is not permitted.

Parent/Guardian Information

Father/Guardian (First & Last Name)	Home Phone	
	Cell Phone	
Address/City/Zip Code	Work Phone	
	Email Address	
Employer	Occupation	

Mother/Guardian (First/Last Name/Maiden Name)	Home Phone	
	Cell Phone	
Address/City/Zip Code	Work Phone	
	Email Address	
Employer	Occupation	

Marital Status of Parents Married Separated Divorced Other

Student Lives With Father Only Mother Only Parents Have Joint Custody

Days student is with the Father	
Days student is with the Mother	

If anything other than 'married' has been selected, please complete a Confidential Family/Student Information Form and submit a copy of the court decree for student records.

Emergency Contact Information

Persons authorized to care for students and act in an emergency when parents cannot be reached.

Name	Relationship to Student	Telephone Number	Alternate Telephone
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Medical Contact Information

Physician	Clinic	Telephone Number
Allergist	Clinic	Telephone Number
Dentist	Clinic	Telephone Number
Orthodontist	Clinic	Telephone Number
Optician	Clinic	Telephone Number
Hospital of Preference		Telephone Number

Authorized Pick Up List

For the safety of our students, we will not allow a student to leave the school grounds with someone unless you authorize them to do so. The following persons are authorized to pick up my student(s) from Shepherd of the Hills. Additional names may be added to the list (at any time) by contacting the school office at 920-477-3551.

Name	Relationship to Student	Contact Number

Parent/Guardian Signature	
Date	