

THE BRICK CHURCH SCHOOL

Current Information for School Record Date _____

CHILD'S NAME: _____ AGE: _____ BIRTHDATE: _____

USUALLY CALLED: _____ GENDER: _____

Parent 1

Parent 2

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

OCCUPATION: _____

NAME OF FIRM: _____

POSITION: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE.: _____

Does child live with both parents? _____

NAMES, BIRTH DATES, and SCHOOLS OF SIBLINGS _____

If the School cannot get in touch with either parent, name two friends or relatives in the area who may be called on if your child is sick in school.

NAME: _____ TEL.: _____ RELATIONSHIP: _____

NAME: _____ TEL.: _____ RELATIONSHIP: _____

PHYSICIAN'S NAME: _____ TELEPHONE: _____

ADDRESS: _____

Is there anything we should know about your child's health (allergies, asthma, medication, special diet)? _____

Each year we must fill out forms for the National Association of Independent Schools as well as for New York State as to the racial/ethnic makeup of our student body.

Is your child a citizen of the United States? _____

If not, in what country does he/she hold citizenship? _____

Please check your child's race (You may check more than one):

African American (African or Caribbean ancestry) _____

American Indian (American Indian, Eskimo or Aleut ancestry) _____

Asian American (Ancestry from China, Japan, Korea, Philippines, Thailand, Cambodia, Laos, Vietnam, India, Pacific Islands) _____

Latino/Hispanic (Puerto Rican, Cuban, Mexican, Dominican or Latin American ancestry) _____

Middle Eastern _____

Caucasian (not Hispanic) _____

PARENT'S SIGNATURE _____