

# CENSUS CARD

**Please print**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Ethnic Origin White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Native American \_\_\_\_\_  
*Please note that this question is required for State reporting and in no way affects enrollment.*

Student resides in public school district of \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
(First) (Maiden) (Last)

Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Beeper/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
(First) (Last)

Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Beeper/Cell Phone \_\_\_\_\_

Parents Separated? \_\_\_\_\_ Student Resides With \_\_\_\_\_

Names of Siblings Attending SPN \_\_\_\_\_

If Parents Can't Be Reached, Please Call:

1) \_\_\_\_\_  
(Name) (Relationship) (Phone #)

2) \_\_\_\_\_  
(Name) (Relationship) (Phone #)

**Please turn page over to complete**

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*Please note that this question is required for State reporting and in no way affects enrollment.*

Student resides in public school district of \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
(First) (Maiden) (Last)

Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Beeper/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
(First) (Last)

Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Beeper/Cell Phone \_\_\_\_\_

Parents Separated? \_\_\_\_\_ Student Resides With \_\_\_\_\_

Names of Siblings Attending SPN \_\_\_\_\_

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1) \_\_\_\_\_  
(Name) (Relationship) (Phone #)

2) \_\_\_\_\_  
(Name) (Relationship) (Phone #)

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Specific Medical Information: (The school will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

Any physical limitations \_\_\_\_\_

List any chronic medical conditions (Epilepsy, Asthma, etc) \_\_\_\_\_

The school should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications taken daily \_\_\_\_\_

\_\_\_\_\_

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone# \_\_\_\_\_

My child has my permission to be released to the following individuals: ***Please note: Our database can only accommodate three listings. If at any point someone not listed needs to pick up your child, simply call the school office and/or send written permission.***

Name	Relationship
_____	_____
_____	_____
_____	_____

Please notify the above individuals that they may be asked for proof of identity.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I give permission to release student's name, mother's name, father's name, home address, home telephone number, mother and father's cell phone numbers, as well as the email address listed on the reverse to be published in the SPN Ladies' Co-Op directory.