

**CCCS STUDENT INFORMATION CARD**

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Any Physical Difficulties** \_\_\_\_\_

**Are Immunizations Up To Date?** \_\_\_\_\_ **Please Send A Copy Of Immunization Record To School**

**Last School Attended** \_\_\_\_\_ **Address** \_\_\_\_\_

**Church You Now Attend** \_\_\_\_\_ **Attend S.S.** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Father's Cell Phone** \_\_\_\_\_ **Father's Email Address** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Mother's Cell Phone** \_\_\_\_\_ **Mother's Email Address** \_\_\_\_\_

**If Parents Are Separated, With Whom Does Child Reside?** \_\_\_\_\_ **Emergency Phone**  
**Number** \_\_\_\_\_

**Additional Information That Would Be Helpful To The Teacher** \_\_\_\_\_

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