



BISHOP CONNOLLY HIGH SCHOOL

373 Elsbree Street
Fall River, MA 02720
tel 508.676.1071
fax 508.676.8594

Emergency Information

Student Name _____ Grade _____
(Last) (First) (MI)

Address _____
(No.) (Street) (City/Town) (Zip)

Date of Birth _____ Male ___ Female ___ Home Phone _____

School Reach E-Mail _____ School Reach Number _____

Religion _____ Parish _____

City/Town of Parish _____

Student lives with _____ Guardian _____ (if applicable)

Race _____

Father's Name _____
(First) (Last)

Mother's Name _____
(First) (Last)

Address _____

Address _____

State _____

State _____

Phone _____

Phone _____

Father's Occupation _____

Mother's Occupation _____

Title or Position _____

Title or Position _____

Name of Company _____

Name of Company _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

E-Mail _____

E-Mail _____

Other siblings presently attending [Bishop Connolly High School]

1. _____ Grade _____ 2. _____ Grade _____

Are there any individuals who are restricted from picking up your son/daughter? _____

Name of individual _____ **Relationship to child** _____

Official Parent Signature _____

Contact Information

List two available neighbors/relatives who could assume temporary care of your son/daughter should you be unavailable.

Name _____ Relation _____

Address _____ Phone _____

Name _____ Relation _____

Address _____ Phone _____

Parent/Guardian Signature _____ Date _____