St. Mary's NS

PUPIL RECORD SHEET

Pupil's Name: ……Year of Entry: ……Class: ……

Address: ……

Date of Birth: ……

Home Telephone Number: ……

Father's Name: ……..

Mother's Name: ……

Workplace Telephone Numbers: Father: ……...

Mother: ……

Name of Emergency Contact Person (if parent unavailable): ……...

Address: ……

Phone Number: ……..

Names of brothers/sisters ……..

already in the school ……

(please state class) ……

Previous School (if any) ……

Name of Family Doctor: ……

Address: ……

Phone Number: ……..

Previous Serious Illnesses: ……

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Allergies: ……

Other Information: ……

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Signature: …….. Date: ……