



Saint Sophia School Student Information Record 2010-2011

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First Name:	Middle Name:	Last Name:	Preferred Name:	Date of Birth:	Sex: <input type="radio"/> M <input type="radio"/> F
Street Address:			City:	State:	Zip:
Home Phone:			E-mail:		
Father's Name:	Occupation/ Employer	Work #	Cell #	Other #	
Mother's name	Occupation/ Employer	Work #	Cell #	Other #	
Are you a member of the Greek Orthodox Church of Greater Salt Lake? <input type="radio"/> Yes <input type="radio"/> No					
Child lives with: <input type="radio"/> Both Parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other:					
Other Siblings: <input type="radio"/> Yes <input type="radio"/> No (If yes, please list below)					
Name:			Age:	Sex:	
Name:			Age:	Sex:	
Name:			Age:	Sex:	
Pediatrician's Name:			Phone:		
Are there any health concerns (asthma, allergies, etc.) Or necessary medications your child is currently taking that the staff needs to be aware of? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain.					
Persons, other than parents, and their relationship to the family, who may be contacted in case of an emergency:					
		Phone#	Cell Phone#		
1.					
2.					
3.					
Please list people that are designated to pick up your child and THEIR RELATIONSHIP TO THE FAMILY. Parents need to notify the school office in writing as soon as there is a change in the list.					
1.			Phone:		
2.			Phone:		
3.			Phone:		
4.			Phone:		

