

Sioux Falls Christian Schools

Family Information Form 2011-2012

This form displays information we have on file; if incorrect or missing please correct.

NAME _____

Address: _____

Main Phone: _____
County: _____

Email: _____
2nd Email: _____
(Two Email Maximum)

Church Membership: _____
Public School District: _____

Father's Workplace: _____

Work Phone: _____

Mother's Workplace: _____

Work Phone: _____

Children

Name

Grade

Birth Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency

Doctor: _____

Doctor Phone: _____

Health Insurance Provider: _____

Policy Number: _____

Emergency Contact (if parents can't be reached)

Name: _____

Phone: _____

Grandparents

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
