

Trinity Catholic High School

International Student Information Form 2009-2010

Student's Full Name _____ **Grade:** _____

Student nickname (if any) _____

Student email address _____ Date of Birth _____

Student cell phone _____

Guardian Contact Information:

Guardian name _____

Address: _____

Guardian home phone: _____

Guardian work phone: _____

Guardian cell phone: _____

Guardian Email address: _____

Homestay Contact Information: (If different from guardian)

Homestay name: _____

Address: _____

Homestay Home phone: _____

Homestay Work phone: _____

Homestay Cell phone: _____

Homestay Email address: _____

Parental Information:

Mother's Name _____

Father's Name _____

Home phone _____ Cell phone _____ Email _____

OVER →

Student Health Information

Student Name: _____

Medical Conditions:

Prescriptions:

Medication

Ordering Physician

Telephone

_____	_____	_____
_____	_____	_____

Allergies to medicine, food, insects, etc:

Specific Allergy

Recommended Treatment

Local Medical Care Information

PHYSICIAN/CLINIC Name _____

Phone _____ Address _____ City _____ Zip Code _____

DENTIST Name: _____

Phone _____ Address _____ City _____ Zip Code _____

Local Health Insurance Information

Insurance Provider _____ Policy # _____

Name of Policy Holder _____

I give TCHS permission to use photographs of my child in school materials and/or to release information about achievements to local newspapers. yes no

In the event of an emergency, the faculty and staff of TCHS have my permission to seek emergency care for my son/daughter at the nearest appropriate facility.

PARENT/GUARDIAN SIGNATURE _____ **DATE:** _____