

# St. Hilary School Latchkey Weekly Attendance Form

Last Name / Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

CHILDREN NAMES	MALE/FEMALE	GRADE + ROOM NUMBER

Please Check One: Regular weekly attendance: \_\_\_\_\_ Occasional Use: \_\_\_\_\_

If attending on a regular basis, please check the days we should expect your child(ren):

MONDAY                      TUESDAY                      WEDNESDAY                      THURSDAY                      FRIDAY  
                                                                                       

If my child is **not attending** Latchkey my child(ren) will be: \_\_\_\_\_ Car Rider(s)      \_\_\_\_\_ Bus Rider(s)

Any **MEDICAL** information we should know about your child(ren)? \_\_\_\_\_

\_\_\_\_\_

Additional Persons allowed to pick up my child(ren):

NAME	RELATION	PHONE NUMBER

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_