

St. Hilary School Latchkey

Weekly Attendance Form

Last Name / Family Name: _____

Home Address: _____

Main Contact Number: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relation: _____ Relation: _____

Cell: _____ Cell: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

STUDENT NAME	MALE / FEMALE	GRADE + ROOM #

Please Check One: Regular Weekly Attendance: _____ Occasional Use: _____

When Will You Need Us: **AM** (Morning) **PM** (Afternoon)

If attending on a **Regular PM** 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 _____ BUS _____

Any **MEDICAL** information we should know about your child(ren): _____

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

NAME	RELATION	PHONE #

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____