STUDENT INFORMATION/EMERGENCY CONTACT FORM MARY OUR QUEEN SCHOOL – 2022-2023

Student Name (Last, First Middle)	Birthdate (Month, Day, Year)	Grade	Race*	Ethnicity*
*(For Nebraska State Reports) Please select one (AM); Asian (AS); Black or African American (Bi Ethnicity: Hispanic/Latino (H); Non-Hispanic/Latino	L); Hawaiian or Pacific Island			Native
Address, City, State, Zip:				
PUBLIC SCHOOL DISTRICT (for Nebraska Statementary School closest to your District's Elementary School closest to your	Millard District (28-0017)	Omaha	Public School	(28-0001)
STUDENT(S) LIVES WITH: (Please circle) Fa Father & Stepmother Mother & Stepfather Or				
FATHER: Mr./Dr. First Please circle: Married Divorced Separated Father's email: Father's Place of Employment: Occupation: May we contact you at work? Yes No	Single Widowed Remai	:()		
MOTHER: Miss/Ms./Mrs./Dr. First Please circle: Married Divorced Separated Mother's email: Mother's Place of Employment:	Single Widowed Remark Cell Phone	rried :: ()	_ast	
Occupation: May we contact you at work? Yes No	Business Pl	hone: ()	
PLEASE NOTE: If you need to have school info non-custodial parent, please fill in ALL the nece (Please circle) JOINT/NON-CUSTODIAL Name:	essary information.		ŕ	
Address, City, State, Zip: Home Phone: () Cell Phone: ()				
Parent's signature for release of information		Date		

(Over) Emergency Info