

St. Mary's Catholic School

Student Information

2017 - 2018

Grade _____ Male / Female _____

Student's Legal Name (L) _____ (F) _____ (M.I.) _____ Nickname _____

Physical Address _____ (City) _____ (State) _____ (Zip) _____

Mailing Address if different from above _____

Home Phone Number (____) _____ Date of Birth (Month/Date/Year) ____/____/____

Birthplace (City, State) _____ Residential Boundary Public School _____

Languages Spoken by Student _____

Student's Ethnicity (Circle One) 1) American Indian/Alaskan Native 2) Asian or Pacific Islander 3) Black, not of Hispanic origin

4) Hispanic 5) Caucasian, not of Hispanic origin

Family Information

Father's Name (L) _____ (F) _____ (M.I.) _____

Physical Address _____ (City) _____ (State) _____ (Zip) _____

Mailing Address if different from above _____

Father's Home Phone (____) _____ Cell Phone Number (____) _____ Work Number (____) _____ Ext. _____

Marital Status (Circle One) Married / Single / Divorced Father's Religion (Circle One) Catholic / Non Catholic

Registered Parishioner (Circle One) Yes/ No If yes, which Parish? _____

Father's Email address _____ Father's Employer _____

Military Affiliation (Circle One) Yes / No If yes, what is your affiliation? _____

Mother's Name (L) _____ (F) _____ (M.I.) _____

Physical Address _____ (City) _____ (State) _____ (Zip) _____

Mailing Address if different from above _____

Mother's Home Phone (____) _____ Cell Phone Number (____) _____ Work Number (____) _____ Ext. _____

Marital Status (Circle One) Married / Single / Divorced Mother's Religion (Circle One) Catholic / Non Catholic

Registered Parishioner (Circle One) Yes / No If yes, which Parish? _____

Mother's Email address _____ Mother's Employer _____

Military Affiliation (Circle One) Yes / No If yes, what is your affiliation? _____

I hereby authorize St. Mary's Catholic School to take my child for medical treatment in the event of any emergency in which neither parent can be reached. I authorize any licensed physician or medical center to treat my child.

Signature _____ Date _____

Financial Information

Who has primary financial responsibility? _____

If parents are divorced or separated, who has primary custody? _____

Primary language spoken in home _____

Educational History

Has this student ever attended any of the following programs? (Circle Any That Apply) Head Start Even Start Stride

Years attended program(s)? _____ to _____

Is this student currently receiving any of the following services? (Circle Any That Apply) Title I IEP 504 Gifted Services

Is there any other information regarding this student that will better assist us in meeting academic, emotional, physical, and spiritual needs? _____

Medical History

Emergency Medical Contact (If parent / guardian can not be reached)

Name _____ Relationship _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

Name _____ Relationship _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

Physician Name _____ Physician Phone Number (____) _____

Dentist Name _____ Dentist Phone Number (____) _____

Insurance Company _____ Name of Policy Holder _____

Does student have any known allergies, including food? Yes / No If yes, explain _____

Is student under a physicians care for a chronic illness? Yes / No If yes, explain _____

Is student taking any prescribed medication? Yes / No If yes, please list and also complete a Medication Authorization Form in the office if medication may be dispensed at school. _____

Is student currently receiving counseling services? Yes / No (Please note that special concerns may be addressed during New Family Interview.)

Sacramental History

Student's Religion (Circle One) Catholic / Non Catholic

Baptism (Circle One) Yes / No If yes, Church / Parish / City / State _____

Reconciliation (Circle One) Yes / No If yes, Church / Parish / City / State _____

First Communion (Circle One) Yes / No If yes, Church / Parish / City / State _____

Confirmation (Circle One) Yes / No If yes, Church / Parish / City / State _____

Baptismal Date: _____ Reconciliation Date: _____ First Communion Date: _____ Confirmation Date: _____