

# St. Mary's Catholic School

## Student Information

2021 - 2022

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 1 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: \_\_\_\_\_