NEW STUDENT INFORMATION SHEET

PLEASE COMPLETE A SEPARATE SHEET FOR EACH STUDENT

Student's Name _____
Last First Middle

Date of Birth _____ City & State of Birth _____ Religion _____

A legal certified copy of the Birth Certificate must be presented to the School Office for verification.

Father's Name _____ Religion _____ Occupation _____
Last, First

Mother's Name _____ Religion _____ Occupation _____
Maiden, First

Please attach a copy of Court Order/Divorce Decree (if applicable)

Has this student been baptized? (Y/N) _____ Date of Baptism _____

Place of Baptism _____
Name of Church City, State

A copy of the Baptismal Certificate: _____ Attached _____ On File _____ Will Follow

Last School attended_____
Name of School City, State

PLEASE ATTACH: Most recent report card _____ Health & Immunization Records _____

Please list any significant health conditions (diabetes, seizures, allergies, heart, etc.) with specific instructions for emergency care. Please also list any recommended restrictions from normal school activities.

_____

_____

_____

_____

Does student have any special needs (educational, physical or emotional): Yes _____ No_____

If yes, please list details: _____

- List any previous testing: _____
- List any special education classes: _____

Please note any significant family information that you would like the Parish/School to be aware of:

_____

_____