

**DIOCESE OF GRAND RAPIDS
ENROLLMENT FORM – STUDENT INFORMATION**
(Please Print)

STUDENT INFORMATION

Last Name: _____ Full Legal First: _____ Middle: _____
 Nickname _____ Gender: _____ Birth date: _____ Birth City/State: _____
 M F
 Ethnic Background: American Indian / Alaskan Native Asian Black / African American Caucasian Hispanic Native Hawaiian Pacific Islander
 PUBLIC School District where student lives: _____ Grade entering upon enrollment: _____

Name of last school student attended: _____ City: _____ State: _____ ZIP Code: _____
 Has your child ever been retained in a grade? If yes, what grade? _____ Does your student have any of the following? IEP Service Plan 504 Student Acct Agreement
 Transportation AM: Walk Bus Car Transportation PM: Walk Bus Car Will this student be responsible for bringing home school papers for the family? Yes No

STUDENT HEALTH INFORMATION

Does your student have medical needs of which we should be aware? Please explain (use back of form if necessary) _____
 Vision Asthma Hearing Migraines Diabetes Heart Speech ADHD ADD Convulsions / Seizures Other:
 Allergies (Please list type(s) of allergies): _____
 Does student require medication during regular school hours? Yes No If yes, medication(s) name and dose: _____

STUDENT RELIGIOUS INFORMATION

PARISH INFORMATION

Parish Registered: _____ Catholic Other: _____
 Current Church Affiliation: _____ Catholic Other: _____

SACRAMENTS

Sacrament	Parish	Parish Address	Parish City/State/Zip	Date
<input type="checkbox"/> Baptism				
<input type="checkbox"/> First Communion				
<input type="checkbox"/> Reconciliation				
<input type="checkbox"/> Confirmation				

(LOCAL) NON-HOUSEHOLD EMERGENCY CONTACT (1) INFORMATION

Legal Last Name: _____ Full First: _____ Authorized Release? Yes No
 Street address: _____ Home phone: _____ Cell phone: _____
 City: _____ State: _____ Zip: _____ Relationship to student: _____

(LOCAL) NON-HOUSEHOLD EMERGENCY CONTACT (2) INFORMATION

Legal Last Name: _____ Full First: _____ Authorized Release? Yes No
 Street address: _____ Home phone: _____ Cell phone: _____
 City: _____ State: _____ Zip: _____ Relationship to student: _____

Parent/Guardian (1) Signature _____ Date _____ Parent/Guardian (2) Signature _____ Date _____

DIOCESE OF GRAND RAPIDS ENROLLMENT FORM – FAMILY INFORMATION

(Please Print)

PARENT / GUARDIAN (1) INFORMATION

Last Name: _____ Legal First: _____ Middle: _____ Nickname: _____
 Former / Maiden Name: _____ Email address: _____ Birth date: _____
 Occupation: _____ Employer: _____ Work phone: _____ Cell Phone: _____
 Parish Registered: Catholic Other:
 Current Church Affiliation: Catholic Other:

PARENT / GUARDIAN (2) INFORMATION

Last Name: _____ Legal First: _____ Middle: _____ Nickname: _____
 Former / Maiden Name: _____ Email address: _____ Birth date: _____
 Occupation: _____ Employer: _____ Work phone: _____ Cell Phone: _____
 Parish Registered: Catholic Other:
 Current Church Affiliation: Catholic Other:

HOUSEHOLD INFORMATION

Street address: _____ County: _____ Home phone: _____
 City: _____ State: _____ Zip: _____ Language spoken in home: _____
 Public School district in which the house is located: _____

Please note: If custody is shared, please complete a form for each household and describe custody arrangements including documentation.

LEGAL NAME OF STUDENT(S) ENROLLING

Please use the check boxes to the right to indicate for each student listed below if: the listed parent / guardian is the legal guardian, would like to receive mail from the school, have access to the parent portal and receive email communication.

LEGAL NAME OF STUDENT(S) ENROLLING	Is this the student's primary household?	Parent / Guardian (1)				Parent / Guardian (2)					
		Guardian	Mailing	Portal	Messenger	Relationship to student	Guardian	Mailing	Portal	Messenger	Relationship to student
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All parents/guardians registering students with the school will be asked to identify if they have been convicted of any sex crimes, are listed on any sex offender registry, or have been convicted of a "listed offense" that is defined under Michigan law per Policy #2155 Safe Environment/Registered Sex Offender. All information will be treated in a confidential manner and maintained in the school's Administrative Offices.

	Parent / Guardian (1)		Parent / Guardian (2)	
Have you been convicted of a sex crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you listed on any sex offender registry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a "listed offense" as defined under Michigan law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent/Guardian (1) Signature

Date

Parent/Guardian (2) Signature

Date