



## New Student Information, 2020 - 2021

Last Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birthplace (city, state): \_\_\_\_\_

Current Public School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Mother (first, **Maiden**, last): \_\_\_\_\_ Religion: \_\_\_\_\_

Birth Father (first, last): \_\_\_\_\_ Religion: \_\_\_\_\_

Student lives with:  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Custodial issues:  
\_\_\_\_\_

### **Complete only if child resides at two locations:**

Secondary Family Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Will attendance be irregular due to custodial arrangements:  Yes  No

### **Emergency Information**

Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies, Medical conditions, Special needs (allergies, epilepsy, asthma, diabetes, heart problem, ADHD etc.):  
\_\_\_\_\_

In case of an accident or serious illness, I request the church to contact me. If the church is unable to reach me, I hereby authorize the church to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the church may take whatever arrangements seem necessary.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Student's Sacramental Information**

**Baptism: Please provide an updated copy of your child's Baptismal certificate from the Church of Baptism**

Date: \_\_\_\_\_ Church/City/State: \_\_\_\_\_

**First Communion:**

Date: \_\_\_\_\_ Church/City/State: \_\_\_\_\_

**Confirmation:**

Date: \_\_\_\_\_ Church/City/State: \_\_\_\_\_