

# ST. PAUL CATHOLIC SCHOOL

## Information Form – Please Print

### Student Information:

Registering for Grade _____		Public school student would attend Soc. Sec. # _____	
Girl _____ Boy _____			
Student – Last Name _____	First Name _____	Middle Name (Nickname) _____	
Street Address _____	City _____	State _____	Zip Code _____
Date of Birth _____	Place of Birth _____	Religion _____	
Sacraments Received Baptism (Catholic) _____ Baptism (Other) _____ Reconciliation _____ Holy Eucharist _____			

### Parent Information:

Father's – Last Name _____	First Name _____	Religion _____
Home Telephone _____	Cell Phone _____	E-Mail _____
Father's Employer _____	Occupation/Title _____	Business Phone _____
Mother's – Last Name _____	First Name _____	Religion _____
Home Telephone _____	Cell Phone _____	E-Mail _____
Father's Employer _____	Occupation/Title _____	Business Phone _____
Please check any that apply:		
<input type="checkbox"/> Student lives with mother and father	<input type="checkbox"/> Father deceased	
<input type="checkbox"/> Student lives with mother	<input type="checkbox"/> Mother deceased	
<input type="checkbox"/> Student lives with father	<input type="checkbox"/> Parents divorced	
<input type="checkbox"/> Student lives with grandparents'	<input type="checkbox"/> Parents separated	
<input type="checkbox"/> Student has legal guardian: Name _____		
Please check your predominant ethnic background:		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Island/Hawaiian
<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Other (please specify) _____		

**Please be sure to complete both sides of this form.**

**Educational Information:**

Schools attended (If applicable): Please list most recent first.

School

Address

_____	_____
_____	_____
_____	_____
_____	_____

Does the student have any illness, physical condition, etc., of which the school should be aware?

\_\_\_\_\_

Please check if applicable:

\_\_\_\_\_ My student has a 504

\_\_\_\_\_ My student has an IEP

\_\_\_\_\_ My student has an AIP

\_\_\_\_\_ My student has another modification plan (Please explain) \_\_\_\_\_

May we publish your student's name, address, phone# and D.O.B in our school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Emergency Information:**

Person to contact if parent cannot be reached: \_\_\_\_\_

\_\_\_\_\_ Relationship to student

\_\_\_\_\_ Home phone

\_\_\_\_\_ Cell phone

Physician to be called: \_\_\_\_\_ Phone \_\_\_\_\_

My student is allergic to: \_\_\_\_\_

\_\_\_\_\_

**Parish**

Please list the parish to which you belong: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's Signature

**Please be sure to complete both sides of this form.**