

Diocese of Grand Rapids Student Enrollment Form

Student Data

Student's name: _____ Gender: M F (circle)
Last First Middle

Ethnic Background: Asian Black/African American Caucasian Native Hawaiian/Other Pacific Islander
American Indian/Alaskan Native Hispanic Multiracial (circle)

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Social Security #: _____

Grade Entering: _____ Preschool 4yr. old Program: AM PM 3 days 4 days 5 days (circle all that apply)

Last school student attended: _____
Name of school City/State

PUBLIC School District where student resides: _____

Health Information

Does this student have specific medical needs of which we should be aware (eyeglasses, allergies, etc.)? If yes, please describe: _____

Does student require medication during regular school hours? Y N (circle)

If yes, medication name and dosage: _____

Parish Data

Child's Sacraments	Date	Church	Pastor's Name
Baptism * certificate required for Kdg			
First Communion			
Reconciliation			
Confirmation			

Current Church affiliation: _____ Pastor's name: _____

(OVER)

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date of entry: _____
 Date of withdrawal: _____
 Birth Certificate/other (specify) _____ Baptismal Certificate (Kindergarten only) _____
 Emergency Form: _____ Health form: _____ Parishioner? _____ Received by: _____

Transportation Information

How will student be transported to and from school? (circle)

AM: Car Walk Bus (if available) Bus #: _____ Bus Stop Location: _____

PM: Car Walk Bus (if available) Bus #: _____ Bus Stop Location: _____

Related Information

Is there any additional information concerning this student regarding any specific learning challenges--i.e., previous testing, learning difficulties, emotional concerns, gifted student, etc? If yes, please indicate: _____

Has this student ever been expelled from school? If yes, please list school and details: _____

I understand that failure to provide complete and accurate information to school administrator may be cause for dismissal from the school.

Parent/Guardian signature: _____ Date: _____

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Date of entry: _____

Date of withdrawal: _____

Birth Certificate/other (specify) _____

Baptismal Certificate (Kindergarten only) _____

Emergency Form: _____ Health form: _____ Parishioner? _____ Received by: _____

Revised: 3/03/09

Student Name: _____

Emergency Data

In case of an accident or serious emergency, the school will first attempt to contact a parent. If a parent cannot be reached, we will contact the following person(s):

Name: _____ Phone: _____

Address: _____ Relationship to student: _____

Name: _____ Phone: _____

Address: _____ Relationship to student: _____

Family Doctor: _____ Phone: _____

Hospital preferred for treatment: _____ Ambulance: _____

Family Data

Parent Information	Father	Mother
Name:		
Social Security #:		
Address (if different from child):		
Home phone # (if different):		
E-Mail Address:		
Employer:		
Business phone #:		
Cell Phone #:		
Language spoken in the Home:		
Church/Religious Affiliation:		
Marital status - Married		
Separated		
Divorced		
Widowed		
Remarried		
Name of Step-Parent:		
With whom does child reside?		

(OVER)

Children in the Family:

Name:	Birthdate	School	Grade level

Parent/Guardian Signature: _____ *Date:* _____