

# 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/Kindergarten ONLY: 3yr. old 4yr. old AM PM (circle all that apply)

Last school student attended: \_\_\_\_\_  
Name of school City/State

PUBLIC School District where student resides: \_\_\_\_\_

## Student Health Information

Does this student have specific medical needs of which we should be aware?

Vision: Yes No (circle)                      Hearing: Yes No (circle)

Asthma: Yes No (circle)                      Allergies: Yes No (circle)

Please list type(s) of allergies: \_\_\_\_\_

Does student require medication during regular school hours? Yes No (circle)

If yes, medication name and dosage: \_\_\_\_\_

Does the student have any other medical needs of which we should be aware: Yes No (Circle)

If yes, please state need: \_\_\_\_\_

## 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 of Doctor or clinic:	Phone number of Doctor or clinic:
Address of Doctor or clinic:	Name of Health Insurance carrier:
Hospital Preferred for emergency treatment:	Health Insurance Policy Number:
Emergency contact (when parents are not available):	Emergency contact address:
Emergency Contact home phone number:	Emergency Contact: Cell phone: Work phone:

FOR OFFICE USE ONLY --- DO NOT WRITE BELOW THIS LINE

Date of Entry: \_\_\_\_\_  
 Date of Withdrawal: \_\_\_\_\_  
 Birth Certificate/other (specify): \_\_\_\_\_  
 Emergency form: \_\_\_\_\_ Health Form: \_\_\_\_\_ Parishioner? \_\_\_\_\_ Received by: \_\_\_\_\_

# Diocese of Grand Rapids Student Enrollment Form

Student Name: \_\_\_\_\_

## Parent Information

Parent Information	Father	Mother	Step-Parent
Name:			
Have you been convicted of a sex crime?			
Are you listed on any sex offender registry?			
Have you been convicted of a "listed offense" as defined under Michigan law?			

## Family Data

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

FOR OFFICE USE ONLY --- DO NOT WRITE BELOW THIS LINE

---

Date of Entry: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Birth Certificate/other (specify): \_\_\_\_\_

Emergency form: \_\_\_\_\_ Health Form: \_\_\_\_\_ Parishioner? \_\_\_\_\_ Received by: \_\_\_\_\_

# Diocese of Grand Rapids Student Enrollment Form

Student Name: \_\_\_\_\_

## Children in the Family:

Name:	Birth date	School	Grade level

## Parish Data

Child's Sacraments	Date	Church	Pastor's Name
Baptism			
First Communion			
Reconciliation			
Confirmation			

Current Church affiliation: \_\_\_\_\_ Pastor's name: \_\_\_\_\_

## Childcare Provider

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## 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: \_\_\_\_\_

FOR OFFICE USE ONLY --- DO NOT WRITE BELOW THIS LINE

Date of Entry: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Birth Certificate/other (specify): \_\_\_\_\_

Emergency form: \_\_\_\_\_ Health Form: \_\_\_\_\_ Parishioner? \_\_\_\_\_ Received by: \_\_\_\_\_

**Diocese of Grand Rapids  
Student Enrollment Form**

*Student Name:* \_\_\_\_\_

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has your son or daughter been retained in a grade? \_\_\_\_ If yes, which grade? \_\_\_\_\_ Give a brief explanation:**

\_\_\_\_\_

---

**I have received and signed a Tuition Contract:    Yes    No    (circle)**

**To the best of my ability, I have supplied this information accurately and truthfully.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

FOR OFFICE USE ONLY --- DO NOT WRITE BELOW THIS LINE

---

Date of Entry: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Birth Certificate/other (specify): \_\_\_\_\_

Emergency form: \_\_\_\_\_ Health Form: \_\_\_\_\_ Parishioner? \_\_\_\_\_ Received by: \_\_\_\_\_