

Student/Family Application 2010-2011

STUDENT:

Last Name _____ Address: _____

First Name: _____ School Transferred from: _____

Middle Name: _____ Gender: _____ Name: _____

Birth Date: _____ Ethnicity: _____ Address _____

Home Phone _____ Grade applying for: _____

Child Lives with: _____ Phone: _____

Special Needs (IEP, Retention, Speech, Challenges, etc.): _____

1st Language: _____

What is the primary language spoken in the home, regardless of the primary language of the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

FAMILY:

	Father/Guardian	Mother/Guardian	Emergency Contact	Emergency Contact
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Mother's Maiden Name	_____	_____		
Relationship:	_____	_____	_____	_____
Marital Status	_____	_____		
Parish	_____	_____		
Home Address	_____	_____		
City/State/Zip:	_____	_____		
Home Phone:	_____	_____	_____	_____
Cell Phone:	_____	_____	_____	_____
Email:	_____	_____		
Occupation:	_____	_____		
Employer:	_____	_____		
Address:	_____	_____		
Phone:	_____	_____		

Note: Original legal documentation must be provided if mother and/or father are different from what appears on the original Birth Certificate.

RELIGION

Student Name: _____

Baptism Date: _____

Communion Date: _____

Parish: _____

Parish: _____

City, State: _____

City, State: _____

Reconciliation Date: _____

Confirmation Date: _____

Parish: _____

Parish: _____

City, State: _____

City, State: _____

STUDENT HEALTH HISTORY

Name: _____

Date of Birth: _____ Grade entering: _____

Does your child have any of the following? (circle)

- | | |
|--------------------------|-------------------|
| 1. Asthma | 6. Wears Glasses |
| 2. Diabetes | 7. Wears Contacts |
| 3. Epilepsy | 8. Wears Braces |
| 4. Allergy to Bee Stings | 9. Wears Retainer |

Student Medical History:

Medications taken regularly: _____

Medication/Food allergies: _____

If yes, Epi Pen required? _____

Doctor's Name _____ Phone: _____

Dentist's Name _____ Phone: _____

No medications will be administered to a child (even Tylenol or cough drops) unless supplied by the parent/guardian in the original container with appropriate consent forms signed.

In the case of a sudden illness, I hereby give authorization of the school nurse or school administration to seek medical attention for my child. I accept responsibility for payment of expenses incurred. I also give permission for health information to be shared with teachers and relevant school employees to insure safety while on campus and school sponsored trips.

Signature of Mother/Guardian

Signature of Father/Guardian

Date

Date