



# Student Information 2019 – 2020

PLEASE PRINT CLEARLY

Grade \_\_\_\_\_  
In 2019-2020

**Student:** \_\_\_\_\_  
(Legal Name) Last First **FULL** Middle Name Nickname at School

## STUDENT AGE, GENDER, ADDRESS

**Date of Birth:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
City, State (or Country)

**Student's Address:** \_\_\_\_\_  
Street City Zip

First number to be called in the event of illness or injury - must be a parent or guardian's phone number:

**Primary Contact Phone #** \_\_\_\_\_ Whose phone? \_\_\_\_\_

## STUDENT RACE / ETHNICITY

### RACE/ETHNICITY

NOTE: If parents identify with different races/ethnicities, please identify both for your child.

- \_\_\_ Hispanic or Latino (4) Ethnicity \_\_\_\_\_
- \_\_\_ African American or Black (3) Ethnicity \_\_\_\_\_
- \_\_\_ American Indian/Alaska Native (1) Tribal Affiliation \_\_\_\_\_
- \_\_\_ Asian (2) Ethnicity \_\_\_\_\_
- \_\_\_ Native Hawaiian/Other Pacific Isl. (6) Ethnicity \_\_\_\_\_
- \_\_\_ White (5) Ethnicity \_\_\_\_\_
- \_\_\_ Of more than one race (7) Ethnicity \_\_\_\_\_

## STUDENT RELIGION

### RELIGIOUS AFFILIATION \_\_\_\_\_ (if blank, chose from below)

- |                            |                               |                              |
|----------------------------|-------------------------------|------------------------------|
| ___ Catholic Parish: _____ | ___ Baptist                   | ___ Buddhist                 |
| ___ Christian              | ___ Disciples of Christ       | ___ Eastern Orthodox         |
| ___ Greek Orthodox         | ___ Am. Methodist Episcopal   | ___ Jewish                   |
| ___ Multiple               | ___ Muslim                    | ___ Orthodox                 |
| ___ Protestant             | ___ Unitarian                 | ___ United Church of Christ  |
| ___ Buddhist               | ___ Other Denomination: _____ | ___ No Religious Affiliation |

### SACRAMENTAL HISTORY (Students Affiliated with the Catholic Church)

**Baptism** Date: \_\_\_\_\_ Parish: \_\_\_\_\_ City/State: \_\_\_\_\_

**First Reconciliation** Date: \_\_\_\_\_ Parish: \_\_\_\_\_ City/State: \_\_\_\_\_

**First Eucharist** Date: \_\_\_\_\_ Parish: \_\_\_\_\_ City/State: \_\_\_\_\_

**Is Your Child Trained as an Altar Server?** \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION (This information must be updated each year.)

**Student Resides with Both Parents?**  Yes  No If YES, do student's parents reside at same address?  Yes  No

If NO to either question above, please answer the following questions: **(1)** Student lives with mother \_\_\_\_\_% of the time and lives with father \_\_\_\_\_% of the time. **(2)** If 0% for either parent, does that parent have visitation rights? \_\_\_\_\_ **(3)** Are there any legal restrictions on the release of the student to either parent? \_\_\_\_\_

CONTINUED ON REVERSE

**If yes to #3, you must provide a copy of court documents to the school.**

MOTHER / GUARDIAN	FATHER / GUARDIAN
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Relationship: \_\_\_\_\_ (if blank, chose from below)

Mother  Stepmother  Grandmother  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Ph.1/Type \_\_\_\_\_ Ph.2/Type \_\_\_\_\_

Email: \_\_\_\_\_

Employer Name & City: \_\_\_\_\_

Occupation: \_\_\_\_\_

Catholic? \_\_\_\_\_ Parish where registered: \_\_\_\_\_

**ADDRESS** Same as student? \_\_\_\_\_  
**ADDRESS** Same as student? \_\_\_\_\_

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_ (if blank, chose from below)

Father  Stepfather  Grandfather  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Ph.1/Type \_\_\_\_\_ Ph.2/Type \_\_\_\_\_

Email: \_\_\_\_\_

Employer Name & City: \_\_\_\_\_

Occupation: \_\_\_\_\_

Catholic? \_\_\_\_\_ Parish where registered: \_\_\_\_\_

(yes / no) **If no, provide below:**  
 (yes / no) **If no, provide below:**

Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mother / Guardian MAILING Address	Father / Guardian MAILING Address
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**Please provide if you have a different mailing address from your home address.**

P.O. Box or Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

P.O. Box or Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

<b>OTHER CONTACTS</b>
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**• Persons named below are NOT parents or guardians; they will be called if a parent/guardian cannot be reached.**

These people will be contacted (in the order listed) to pick up your student. **Please list at least two.**

- |    |                                |                      |                      |
|----|--------------------------------|----------------------|----------------------|
| 1) | _____                          | Phone 1 / Type _____ | Phone 2 / Type _____ |
|    | Name / Relationship to Student |                      |                      |
| 2) | _____                          | Phone 1 / Type _____ | Phone 2 / Type _____ |
|    | Name / Relationship to Student |                      |                      |
| 3) | _____                          | Phone 1 / Type _____ | Phone 2 / Type _____ |
|    | Name / Relationship to Student |                      |                      |

**• Persons named below are NOT parents or emergency contacts but may pick up students after school or ESS.**

The following persons may pick up my student(s) after school or ESS (other than parent or emergency contacts).

Names already on file: \_\_\_\_\_

- |    |       |                               |    |       |                               |
|----|-------|-------------------------------|----|-------|-------------------------------|
| 1) | _____ | Relationship to Student _____ | 3) | _____ | Relationship to Student _____ |
|    | Name  |                               |    | Name  |                               |
| 2) | _____ | Relationship to Student _____ | 4) | _____ | Relationship to Student _____ |
|    | Name  |                               |    | Name  |                               |

**If I cannot be reached in case of serious injury or illness, the administrators at St. Paul School have my permission to procure emergency treatment for my student.**

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**CONTINUED ON REVERSE**