

**STUDENT INFORMATION FORM**

DATE \_\_\_\_\_ STUDENT GRADE IN SEPT. 2011 \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

**SACRAMENTS**

**YES/NO**

**CHURCH**

**TOWN/STATE**

BAPTISM \_\_\_\_\_

PENANCE \_\_\_\_\_

EUCCHARIST \_\_\_\_\_

CONFIRMATION \_\_\_\_\_

**FAMILY INFORMATION**

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

PARENTS ARE: (PLEASE CHECK)

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ REMARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCED \_\_\_\_\_

WHO IS RESPONSIBLE FOR FULL TIME CARE? (PLEASE WRITE IN NAME)

\_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ GUARDIAN

**EMERGENCY INFORMATION**

**IF A CHILD BECOMES ILL OR IS INJURED DURING FAITH FORMATION CLASS, EVERY EFFORT WILL BE MADE TO CONTACT A PARENT/GUARDIAN. IF THIS IS NOT POSSIBLE, THE ADULT DESIGNATED ON THIS FORM WILL BE CONTACTED. NO CHILD WILL BE PERMITTED TO LEAVE, UNLESS ACCOMPANIED BY AN ADULT AUTHORIZED BY THE PARENT.**

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE# \_\_\_\_\_

CHILD WILL BE REGULARLY DROPPED OFF BY \_\_\_\_\_

AND PICKED UP BY \_\_\_\_\_

ARE THERE ANY SPECIAL NEEDS OR LEARNING NEEDS OF YOUR CHILD WHICH SHOULD BE COMMUNICATED TO THE CLASSROOM TEACHER? (HEARING LOSS, LEVEL OF READING, ETC.)

IF SO, PLEASE EXPLAIN \_\_\_\_\_

IS CHILD ON MEDICATION OR ARE THERE ANY HEALTH NEEDS WE SHOULD BE AWARE OF?

\_\_\_\_\_