

DIOCESE OF GRAND RAPIDS ENROLLMENT FORM - STUDENT INFORMATION

(Please Print)

STUDENT INFORMATION

Last Name:		Full Legal First:		Middle:
Nickname	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth date:	Birth City/State:	
Ethnic Background: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander				
PUBLIC School District where student lives:		Grade entering upon enrollment: Please select your Preference for PS & Kdg: AM: PM: Either:		
Name of last school student attended:		City:	State:	ZIP Code:
Has your child ever been retained in a grade? If yes, what grade?		Does your student have any of the following? <input type="checkbox"/> IEP <input type="checkbox"/> Service Plan <input type="checkbox"/> 504 <input type="checkbox"/> Student Acct Agreement		
Transportation AM: <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Car	Transportation PM: <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Car	Will this student be responsible for bringing home school papers for the family? <input type="checkbox"/> Yes <input type="checkbox"/> No		

STUDENT HEALTH INFORMATION

Does your student have medical needs of which we should be aware? Please explain (use back of form if necessary)

- Vision Asthma Hearing Migraines Diabetes Heart Speech ADHD ADD Convulsions / Seizures Other:
 Allergies (Please list type(s) of allergies):

Does student require medication during regular school hours? Yes No If yes, medication(s) name and dose:

STUDENT RELIGIOUS INFORMATION

PARISH INFORMATION

Parish Registered:	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other:
Current Church Affiliation:	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other:

SACRAMENTS

Sacrament	Parish	Parish Address	Parish City/State/Zip	Date
<input type="checkbox"/> Baptism				
<input type="checkbox"/> First Communion				
<input type="checkbox"/> Reconciliation				
<input type="checkbox"/> Confirmation				

(LOCAL) NON-HOUSEHOLD EMERGENCY CONTACT (1) INFORMATION

Legal Last Name:	Full First:	Authorized Release? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street address:	Home phone:	Cell phone:
City:	State:	Zip: Relationship to student:

(LOCAL) NON-HOUSEHOLD EMERGENCY CONTACT (2) INFORMATION

Legal Last Name:	Full First:	Authorized Release? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street address:	Home phone:	Cell phone:
City:	State:	Zip: Relationship to student:

Parent/Guardian (1) Signature _____ Date _____ Parent/Guardian (2) Signature _____ Date _____