

NEW STUDENT PROFILE

Student Information

Last Name _____ Middle Name _____ First Name _____

Desired Name Used _____ Male Female Birthdate _____ Catholic Non-Catholic

Birth City _____ Birth County _____ Birth State _____

Ethnicity & Language

African American Caucasian Multi-Racial Asian Hispanic/Latino American Indian/Alaskan Native

Fluent Language: English Spanish Other _____

Grade of Enrollment

Pre-3

No. Days Per Week _____ Days Attending: Monday Tuesday Wednesday Thursday Friday

Kindergarten – 8th Grade

Kindergarten 2nd Grade 4th Grade 6th Grade 8th Grade

1st Grade 3rd Grade 5th Grade 7th Grade

Health & Medical Background

Please indicate any health/allergy conditions: Diabetes Heart Seizure Asthma Other _____

Allergy: Type _____ Allergen Table Required: Yes No

Physical Restrictions _____

Recommended Treatment/Medication _____

Doctor's Name _____ Phone _____

City _____

Dentist's Name _____ Phone _____

City _____

Insurance Co. Name _____ Ins. Group No. _____

Insured Member No. _____ Preferred Hospital _____

Alternate Custody Information

A custody agreement must be on file in school office.

Legal custody of the child is: Father Mother Joint Custody Other (define) _____

Child resides with: Father Mother Other (relationship) _____

Please list any additional custodial arrangements of which we should be aware: _____

Transportation

Parent Drop-off Parent Pick-up Walk/Bike Bus

BUS SCHEDULE	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Emergency Contact & Dismissal Information

Please list the people in the order who should be contacted in case of an emergency if a parent cannot be reached. Please include a local contact in case your child need(s) to be picked up from school.

Name _____ Relationship _____ Day Time Phone _____

Name _____ Relationship _____ Day Time Phone _____

Name _____ Relationship _____ Day Time Phone _____

If emergency treatment is required and parent(s) cannot be reached, the school authorities may use their judgment in calling the above indicated doctor or dentist, or if unavailable, an alternate doctor or dentist. Yes No

If no, please indicate alternative procedure: _____

Should St. John XXIII Catholic School close unexpectedly during the day (due an emergency situation) my child should:

Ride the bus home Walk home Be picked up by _____ Other _____

Parent Signature _____ Date _____

Sacramental Information

Baptism

Date _____ Church _____ City/State _____

First Reconciliation

Date _____ Church _____ City/State _____

First Communion

Date _____ Church _____ City/State _____

Child Care Services

I am interested in the following child care services, if available:

Before-School Care After-School Care

OFFICE USE ONLY

Date Received _____

Birth Certificate Immunization History Custody Agreement on File