

## NEW STUDENT PROFILE

### Student Information

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

Desired Name Used \_\_\_\_\_  Male  Female Birthdate \_\_\_\_\_  Catholic  Non-Catholic

Ethnicity & Language

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

Fluent Language:  English  Spanish  Other \_\_\_\_\_

### Grade of Enrollment

#### Preschool (PS)

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

#### Prekindergarten – 8<sup>th</sup> Grade

Pre-K AM  Kindergarten  2<sup>nd</sup> Grade  4<sup>th</sup> Grade  6<sup>th</sup> Grade  8<sup>th</sup> Grade  
 Pre-K PM  1<sup>st</sup> Grade  3<sup>rd</sup> Grade  5<sup>th</sup> Grade  7<sup>th</sup> 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 /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  Summer Care  Vacation Care

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### OFFICE USE ONLY

Date Received \_\_\_\_\_

Birth Certificate  Baptismal Certificate  Immunization History  Technology Agreement

Custody Agreement on File