

DIOCESE OF GRAND RAPIDS ENROLLMENT FORM – STUDENT INFORMATION

(Please Print)

STUDENT INFORMATION

Last Name: _____ Full Legal First: _____ Middle: _____

Nickname _____ Gender: M F Birth date: _____ Birth City/State: _____

Ethnic Background: American Indian / Alaskan Native Asian Black / African American Caucasian Hispanic Native Hawaiian Pacific Islander

PUBLIC School District where student lives: _____ Grade entering upon enrollment: _____

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? IEP Service Plan 504 Student Acct Agreement

Transportation AM: Walk Bus Car Transportation PM: Walk Bus Car Will this student be responsible for bringing home school papers for the family? Yes 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: _____ Catholic Other: _____

Current Church Affiliation: _____ Catholic 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? Yes 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? Yes No

Street address: _____ Home phone: _____ Cell phone: _____

City: _____ State: _____ Zip: _____ Relationship to student: _____

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