

# **NEW STUDENT FORM**

Today's Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Name to be used at school \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Grade entering \_\_\_\_\_

Present Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Public School District In Which Child Resides \_\_\_\_\_

Child Lives With \_\_\_\_\_ Child's Religion \_\_\_\_\_

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

First Communion: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Confirmation: Date \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Are you registered in Sacred Heart Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, what parish/church do you attend? \_\_\_\_\_

Child's Ethnicity (circle one): Hispanic / Non-Hispanic

Child's Race (circle all that apply): Asian, Black or African American, White, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander

School Last Attended \_\_\_\_\_

School Address if other than Effingham Schools \_\_\_\_\_

List known allergies, medical conditions, asthma, etc. of student: \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Place of work \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Full Name (include maiden name) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Place of work \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

(Please check those that apply.)

Father is: Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ If Remarried, Spouse Name \_\_\_\_\_

Mother is: Deceased \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ If Remarried, Spouse Name \_\_\_\_\_