

ST. EDMUND CATHOLIC SCHOOL

CHILD 'S INFORMATION (PLEASE PRINT)

Name _____ Birth Cert. # _____
Last First Middle Birth City _____

Birth Date _____ SS # _____ Home Phone _____

Mailing Address _____
Street City Zip

Civil Church
Gender _____ Ethnicity _____ Grade Level _____ Parish _____ Parish _____

Date of Baptism _____ Church _____ City/State _____

Communion _____ Church _____ City/State _____

Date of admission _____ Departure
to this school _____ Grade _____ School Last Attended _____ Date _____

Siblings attending this school _____
Name Grade Name Grade

Name Grade Name Grade Name Grade

Transportation Information (circle one) Car Rider / Bus Rider What public school would you attend if you did not
attend St. Edmund School? _____

PARENTAL INFORMATION

Mother _____ SS# _____
Maiden Family First Middle

Home Phone _____ Cell Phone _____ E-Mail _____

Address _____ Religion _____

Occupation _____ Place of Employment _____ Work Phone _____

Educational Level (circle one) 8th grade or more / 12th grade or more / College Graduate Living / Deceased

Father _____ SS# _____
Family First Middle

Home Phone _____ Cell Phone _____ E-Mail _____

Address _____ Religion _____

Occupation _____ Place of Employment _____ Work Phone _____

Educational Level (circle one) 8th grade or more / 12th grade or more / College Graduate Living / Deceased

Marital Status (circle one) Single / Separated / Married / Divorced

Emergency Procedure

Date _____

Student's Name _____

Home Phone _____

List Allergies / Major Health Problems _____

In Case of emergency, illness or accident to the child above, the school is authorized to proceed as indicated numerically below:

() Contact father at _____ Phone _____

() Contact mother at _____ Phone _____

() Contact family physician _____ Phone _____

() Take child to licensed physician _____ Phone _____

() Take child to emergency hospital

List two nearby relatives or neighbors who will assume temporary care of your child if you can't be reached.

Name _____ Phone (h) _____ (c) _____

Address _____

Name _____ Phone (h) _____ (c) _____

Address _____