



St. Edmund Catholic School

Registration/Student Information Sheet

Child's Legal Name	LAST	FIRST	MIDDLE	NICKNAME	
Mailing Address	STREET	CITY	STATE	ZIP	CIVIL PARISH
PHONE	SOCIAL SECURITY NUMBER		BIRTH CERTIFICATE NUMBER		BIRTH CITY/STATE
BIRTH DATE	AGE	SEX	RACE	CHILD LIVES WITH/ NAME /RELATION	
RELIGION	CHURCH PARISH				
DATE OF BAPTISM	CHURCH/CITY/STATE		DATE OF COMMUNION	CHURCH/CITY STATE	

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Date of Admission to St. Edmund	Entrance Grade	School Last Attended	Departure Date
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OTHER SCHOOLS ATTENDED	TRANSPORTATION INFO: MORNINGS	AFTERNOONS
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PUBLIC SCHOOL YOU WOULD ATTEND IF YOU DID NOT ATTEND ST. EDMUND CATHOLIC SCHOOL

SISTERS BROTHERS ATTENDING ST. EDMUND			NAME	GRADE	AGE
NAME	GRADE	AGE	NAME	GRADE	AGE
NAME	GRADE	AGE	NAME	GRADE	AGE

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Father's Name	LAST	FIRST	MIDDLE
<input type="checkbox"/> Father Deceased	MARITAL STATUS: <input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED

OCCUPATION	NAME OF EMPLOYER	WORK PHONE
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HOME PHONE	CELL PHONE	RELIGION	SOCIAL SECURITY NUMBER
EDUCATION LEVEL	<input type="checkbox"/> 8 TH GRADE OR MORE	<input type="checkbox"/> 12 TH GRADE OR MORE	<input type="checkbox"/> COLLEGE GRADUATE

Mother's Name	MAIDEN	LAST	FIRST	MIDDLE
<input type="checkbox"/> N Father Deceased	MARITAL STATUS: <input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	

OCCUPATION	NAME OF EMPLOYER	WORK PHONE
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HOME PHONE	CELL PHONE	RELIGION	SOCIAL SECURITY NUMBER
EDUCATION LEVEL	<input type="checkbox"/> 8 TH GRADE OR MORE	<input type="checkbox"/> 12 TH GRADE OR MORE	<input type="checkbox"/> COLLEGE GRADUATE



St. Edmund Catholic School

Emergency Procedure Form

Child's Legal Name LAST FIRST MIDDLE NICKNAME

Home Phone

List of Allergies/Major Health Problems

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

Contact Father Home Phone Work Phone Cell Phone

Contact Mother Home Phone Work Phone Cell Phone

Contact Family Physician Phone Number

Take Child to Emergency Hospital

Take Child to Licensed Physician **Name of Physician**

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

Name LAST FIRST MIDDLE

Mailing Address STREET CITY STATE ZIP PHONE

Name LAST FIRST MIDDLE

Mailing Address STREET CITY STATE ZIP PHONE

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Signature of Parent/Guardian Date