

Student Record-2018-2019

First Name

Middle Name

Last Name

Male

Female

Date of Birth _____

Age _____

Grade _____

SS# _____

Religion _____

Parish _____

Commitment Fee - \$150.00

Enclosed

Paid on line

Please note, after 2/15, fee is \$250.00

Family Information

Student lives with Both Parents Mother

Father

Shared Custody*

Other _____

*provide custody agreement

Household

Family Name
Address
City, State, Zip Code
Home Phone Number -
Mother's Cell Number -
Father's Cell Number -

Parent/Guardian(s)

Name	Primary Email Address
Mother's Name -	
Father's Name -	
Guardian's Name -	

(over)

Emergency Contacts – other than parents

Name	Relationship	Best Phone #

Insurance Information

Insurance Company
Policy #
Group #
Doctor
Phone
Dentist
Phone
Hospital of Choice

Medical History

- Allergies
- Asthma
- Diabetes
- Epilepsy
- Heart Problems
- Recurring Illness
- Other _____

Transportation FOR GRADES 1-8 ONLY

- Bus to and from school
- Bus to school
- Bus from school
- Walker or car rider
- SEPTA

Signature of Parent/Guardian

____/____/____
Date