

**Student Information**

**Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Goes By \_\_\_\_\_

**Street Address:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Family Phone Number:** \_\_\_\_\_ **Family e-mail Address:** \_\_\_\_\_

**Child's Birth Date:** \_\_\_\_\_ **Child's Birthplace:** City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Gender:** Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Ethnicity:** White/Non-Hispanic \_\_\_\_\_ Black/Non-Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_ Multi-Racial \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_

Does the student speak English as a second language? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does the student speak English and another language? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is the student exposed to another language at home? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**My Child has Medical Issues and Needs Assistance:** Yes \_\_\_\_\_ No \_\_\_\_\_

**My Child Has an IEP:** Yes \_\_\_\_\_ No: \_\_\_\_\_

**My Child has an Accommodation Plan:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes to any of the above, please indicate the medical issues and/or learning disabilities:**

\_\_\_\_\_

**Present School:** \_\_\_\_\_ **Present Grade Level:** \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Left \_\_\_\_\_ **Grade Entering in Fall** \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If your child attended the public school of residence where would he/she attend?**

School District: \_\_\_\_\_ School Building: \_\_\_\_\_

(For example: Cincinnati Public)

(For example: Silverton Paideia)

<b>Sacraments</b>	<b>Date</b>	<b>Church</b>	<b>City</b>	<b>State</b>
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<b>Baptism</b>	_____	_____	_____	_____
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<b>First Communion</b>	_____	_____	_____	_____
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<b>Reconciliation</b>	_____	_____	_____	_____
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<b>Confirmation</b>	_____	_____	_____	_____
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**Father/Guardian:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Check One Status:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widower \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_

**Check One:** Birth Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Guardian \_\_\_\_\_ Adoptive Parent \_\_\_\_\_ Other \_\_\_\_\_

Birth Place \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Religion \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Address - **if other than your child's:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business e-mail: \_\_\_\_\_

**Mother/Guardian:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Maiden \_\_\_\_\_

**Check One Status:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widower \_\_\_\_\_ Remarried \_\_\_\_\_ Deceased \_\_\_\_\_

**Check One:** Birth Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Guardian \_\_\_\_\_ Adoptive Parent \_\_\_\_\_ Other \_\_\_\_\_

Birth Place \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Religion \_\_\_\_\_ U.S. Citizen: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Address - **if other than your child's:** \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business e-mail: \_\_\_\_\_

**If parents are divorced, please indicate the custodial parent:** Mother \_\_\_\_\_ Father \_\_\_\_\_

**Custody paperwork is required in the school office.**