



ST. MARY'S INSTITUTE
Inspiring Minds, Unlocking Potential Since 1880.

STUDENT DEMOGRAPHIC DATA

Early Childhood
 Pre-Kindergarten
 Half Day
 Full Day
 Gr. K-8, Grade in September _____
 Today's Date: _____

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Ethnicity: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ School District of Residence: _____

Previous School Attended: _____ Parish Affiliation: _____

Date of Baptism: _____ Parish: _____ City, State: _____

Date of First Communion: _____ Parish: _____ City, State: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Employer: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Other Phone Number: _____

E-mail Address: _____

Religion: _____ Marital Status: _____

Mother's Name: _____ Employer: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Other Phone Number: _____

E-mail Address: _____

Religion: _____ Marital Status: _____ Maiden Name: _____

EMERGENCY CONTACT & HEALTH INFORMATION

Please list three (3) additional contacts, in order of desired contact, to be called if parent/guardian cannot be reached:

Emergency Contact #1: _____ Phone Number: _____

Relationship to Student: _____

Emergency Contact #2: _____ Phone Number: _____

Relationship to Student: _____

Emergency Contact #3: _____ Phone Number: _____

Relationship to Student: _____

Student's Primary Doctor: _____ Phone Number: _____

Hospital Preference: _____

Early Childhood/Pre-K Only: Is this child potty trained? Yes No

STUDENT SERVICES

Does this student have an IEP? Yes No Does this student have a 504 Plan? Yes No

If yes, which school district is responsible for preparing it? _____

Please provide a copy of this plan to the school office.

LEGAL ALERT

Who has legal custody of this student? _____

Is anyone legally barred from seeing this student? Yes No

If yes, who? _____ Relationship to Student: _____

Court documentation and physical description must be provided to the school office.

FOR OFFICE USE ONLY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Release of Records | <input type="checkbox"/> Transportation Request |
| <input type="checkbox"/> Permission to Publish | <input type="checkbox"/> Internet Agreement | <input type="checkbox"/> Constant Contact | |
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Tuition Agreement | <input type="checkbox"/> PowerSchool Entry | <input type="checkbox"/> Permanent Record Card |