

Enrollment Form Question Preview

Student Enrollment Information	Household Information
<p>Last name (full legal) First name (full legal) Middle name Nickname (if applicable) Gender Grade Entering upon enrollment Birthdate Birth country Birth city and state Is the student Hispanic/Latino? Is the student from one or more of these races? Student's race ethnicity Has the student ever been retained in a grade? What grade was the student retained in school? Has the student ever been expelled from a school? When was the student expelled from school? From which school was the student expelled? Place a check next to any of the following programs or plans from which your student receives support services. Name of last school student attended City of last school State of last school Zip code of last school Last grade attended at previous school Transportation: Before school (AM), After school (PM) T-Shirt Size If any are checked above, please explain. In addition, does the student have any other medical needs of which we should be aware? Please list any allergies of the student. Does the student require medication during regular school hours? If yes, list the medication name(s) and dosage(s). Family physician name Family physician phone number Health insurance company name Health insurance policy/group/contract number Parish where registered Parish Denomination Current Church Affiliation Current Church Denomination Has the student received the sacrament of baptism? Parish where baptism was received. Parish city Parish state Date of baptism Has the student received the sacrament of reconciliation? Parish where reconciliation was received. Parish city</p>	<p>Street address City State Zip code Home phone County Public School District Language spoken in home Parent Last name (full legal) Parent First name (full legal) Parent Middle name Parent Preferred Name Parent former or maiden name Parent Gender Email address Birth date Occupation Employer Work phone Cell phone Registered Parish Parish Denomination Parish Currently Attending Check the boxes below to indicate which forms of communication Is Parent / Guardian a legal guardian of the enrolling student? Has Parent / Guardian been convicted of a sex crime Is Parent / Guardian listed on any sex offender registry? Has Parent / Guardian been convicted of a "listed offense" as defined under Michigan law? Last name (full legal) Parent / Guardian (1) Full Name Parent / Guardian (2) Full Name Parent / Guardian Confirmation Email Students in this household enrolling at ALL SAINTS ACADEMY Student legal last name Student legal first name Student legal middle name Student primary household? Legal parent in this household for this student Parent in this household relationship to student Other children in household not attending ASA Child last name Child first name Child middle name Child birthdate Child gender</p>

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Parish state	Current school
Date of reconciliation	Gender
Has the student received the sacrament of holy communion,?	Grade
Parish where holy communion was received	Comments/additional Information
Parish city	Form submitted by
Parish state	Email of person submitting form
Date of holy communion	Daytime phone of person submitting form
Has the student received the sacrament of confirmation?	
Parish where confirmation was received.	
Parish city	
Parish state	
Date of confirmation	
Emergency Contact Legal Last Name	
Emergency Contact Legal First Name	
Emergency Contact Nickname	
Can this child be released to emergency contact?	
Emergency Contact Street Address	
Emergency Contact Home Phone	
Emergency contact Cell Phone	
Emergency contact's relationship to student	
Comments/questions	
Form submitted by	
Email of person submitting form	
daytime phone of person submitting form	
Date submitted	