

DIOCESE OF GRAND RAPIDS ENROLLMENT FORM – FAMILY INFORMATION

(Please Print)

PARENT / GUARDIAN (1) INFORMATION						
Last Name:		Legal First:		Middle:	Nickname:	
Former / Maiden Name:		Email address:			Birth date:	
Occupation:	Employer:	Work phone:		Cell Phone:		
Parish Registered:		<input type="checkbox"/> Catholic	<input type="checkbox"/> Other:			
Current Church Affiliation:		<input type="checkbox"/> Catholic	<input type="checkbox"/> Other:			

PARENT / GUARDIAN (2) INFORMATION						
Last Name:		Legal First:		Middle:	Nickname:	
Former / Maiden Name:		Email address:			Birth date:	
Occupation:	Employer:	Work phone:		Cell Phone:		
Parish Registered:		<input type="checkbox"/> Catholic	<input type="checkbox"/> Other:			
Current Church Affiliation:		<input type="checkbox"/> Catholic	<input type="checkbox"/> Other:			

HOUSEHOLD INFORMATION					
Street address:			County:	Home phone:	
City:	State:	Zip:	Language spoken in home:		
Public School district in which the house is located:					

Please note: If custody is shared, please complete a form for each household and describe custody arrangements including documentation.

LEGAL NAME OF STUDENT(S) ENROLLING	Parent / Guardian (1)				Parent / Guardian (2)						
Please use the check boxes to the right to indicate for each student listed below if: the listed parent / guardian is the legal guardian, would like to receive mail from the school, have access to the parent portal and receive email communication.											
	Is this the student's primary household?	Guardian	Mailing	Portal	Messenger	Relationship to student	Guardian	Mailing	Portal	Messenger	Relationship to student
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All parents/guardians registering students with the school will be asked to identify if they have been convicted of any sex crimes, are listed on any sex offender registry, or have been convicted of a "listed offense" that is defined under Michigan law per Policy #2155 Safe Environment/Registered Sex Offender. All information will be treated in a confidential manner and maintained in the school's Administrative Offices.

	Parent / Guardian (1)		Parent / Guardian (2)	
Have you been convicted of a sex crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you listed on any sex offender registry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a "listed offense" as defined under Michigan law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent/Guardian (1) Signature _____ Date _____ Parent/Guardian (2) Signature _____ Date _____

Official Use Only: 1213v7 School Year _____ Date Received _____