DIOCESE OF GRAND RAPIDS ENROLLMENT FORM – STUDENT INFORMATION (Please Print)

I ==4 NI====			OTOBER	T INFORMATION					
_ast Name:			F	Full Legal First:		Middle);		
lickname		Gender:	Birth date:		Birth City/State:				
Ethnic Background:	☐ American Indian / Alaskan N		n □ Black / Afri	can American 🚨 Cau	ucasian 🖵 Hispanic	☐ Native Hawaiian	☐ Pacific Isla	nder	
PUBLIC School District v		auve 🗀 ASIA		Grade entering upon en		- Ivalive Hawailan	- Facility ISIA	ilubi	
OBEIO CONOCI BISTION	Whole student hyes.		\	orace entering apon en	nominorit.				
ame of last school stud	dent attended:			City:		State:			
	n retained in a grade? If yes, wha			your student have any					
ransportation AM: 🖵W	′alk □Bus □Car	on PM: 山 Wa	k □ Bus □ Car	Will this student be res		home school papers t	for the family?	□Yes □N	
Saca valur attidant hava	medical needs of which we shou	ld be aware?		ALTH INFORMATION					
☐ Allergies (Please list	☐ Hearing ☐ Migraines ☐ D type(s) of allergies): edication during regular school h					es 🗖 Other:			
oes student require me	edication during regular school n	ours? 🗀 Yes	s 🗀 No ir yes,	medication(s) name an	a dose:				
			STUDENT RELI	GIOUS INFORMATION	ON				
			PARISH	INFORMATION					
arish Registered:				☐ Catholic	☐ Other:				
urrent Church Affiliatio		☐ Catholic	☐ Other:						
				<u>CRAMENTS</u>					
Sacrament	Parish		Paris	sh Address	F	Parish City/State/Zip		Date	
1 Baptism									
First Communion									
Reconciliation									
	(LOC	AL) NON-HO	OUSEHOLD EMI	ERGENCY CONTAC	T (1) INFORMATIO	N			
2 Confirmation	(LOC	AL) NON-HO	DUSEHOLD EMI Full First:	ERGENCY CONTAC	T (1) INFORMATIO		Release? □ Yes	□ No	
Confirmation	(LOC	AL) NON-HO		ERGENCY CONTAC	T (1) INFORMATIO		Release? ☐ Yes	□ No	
Confirmation egal Last Name:	(LOC	AL) NON-HO			T (1) INFORMATIO	Authorized F Cell phone:	Release? □ Yes	□ No	
Confirmation egal Last Name:		State:	Full First: Zip:		Relationship	Authorized F Cell phone: to student:	Release? □ Yes	□ No	
Confirmation Legal Last Name: Street address:		State:	Full First: Zip:	Home phone:	Relationship	Authorized F Cell phone: to student:	Release? ☐ Yes		
Reconciliation Confirmation Legal Last Name: Street address: City: Legal Last Name: Street address:		State:	Full First: Zip: DUSEHOLD EMI	Home phone:	Relationship	Authorized F Cell phone: to student:			
Confirmation Legal Last Name: Street address: City: Legal Last Name:		State:	Full First: Zip: DUSEHOLD EMI	Home phone: ERGENCY CONTAC	Relationship	Authorized F Cell phone: to student: N Authorized F Cell phone:			
Confirmation egal Last Name: Street address: City: egal Last Name: Street address:		State: AL) NON-HO	Full First: Zip: DUSEHOLD EMI Full First:	Home phone: ERGENCY CONTAC	Relationship	Authorized F Cell phone: to student: N Authorized F Cell phone:			
agal Last Name: treet address: egal Last Name: treet address:	(LOC	State: AL) NON-HO	Full First: Zip: DUSEHOLD EMI Full First:	Home phone: ERGENCY CONTAC	Relationship T (2) INFORMATIO	Authorized F Cell phone: to student: N Authorized F Cell phone:			

DIOCESE OF GRAND RAPIDS ENROLLMENT FORM – FAMILY INFORMATION (Please Print)

		PARENT	/ GUA	RDIAN	l (1) INFOR	RMAT	TION												
.ast Name: Legal First:					Middle:								Nickname:						
Former / Maiden Name:	Email address:												Birth date:						
Occupation:	Employer:				Work phone: Ce							ell Phone:							
Parish Registered:					☐ Catholic	☐ Other:													
Current Church Affiliation:					☐ Catholic	☐ Other:													
		DADENT	/ GIIA	DDIAN	I (2) INEOE		TION												
Last Name: PARENT / GUARDIAN Legal First:					Middle: Nickname:														
Former / Maiden Name:	Email address:											Birth date:							
Occupation:	Employer:	Employer:				Work phone:							Cell Phone:						
Parish Registered:					☐ Catholic	☐ Other:													
Current Church Affiliation:					□ Catholic	☐ Other:													
		НО	USEH	OLD IN	NFORMATI	ON													
Street address: Count					ty: Home phone:														
City:	State:					Lan	Language spoken in home:												
Public School district in which the house is I	ocated:																		
Please note: If custody is sh	nared, please co	molete a form foi	r each	housel	hold and de	scrib	e cus	todv	arra	naem	ents incl	ludina	de	cun	nent	tatio			
	OF STUDENT(S)										rdian (1)						ardian (2)		
Please use the check boxes to the right to in	ndicate for each stu				: / guardian is t email commur			ardiar	ı, woı	ıld like t	to receive	mail fro	mc	the s	choo	ıl, hav	re access to the		
						is the lent's	<u>.</u>		. <u> </u>	nger	Relations	hin :	lan	Вu	<u>10</u>	nger	Relationship		
					prin	nary ehold?	ج وناميوان	Mailing	Portal	Messenger	to stude	nt	Guardian	Mailing	Portal	Messenger	to student		
					□Yes		10	<u> </u>	ı 🗆				_						
					□Yes		10	ם כ	ם נ				П						
					□Yes		10	-	ם כ				_						
					□Yes		10	-	ם ב				_						
					□Yes		lo [-	ם ב										
All parents/guardians registering students with the defined under Michigan law per Policy #2155 Safe																	offense" that is		
								P	arent	/ Guar	dian (1)				Par	rent /	Guardian (2)		
Have you been convicted of a sex crime?											No 🗖		Yes 🗆			No 🗖			
Are you listed on any sex offender registry?											No 🗖						No 🗖		
Have you been convicted of a "listed offense	e" as defined under	Michigan law?						Y	es 🗖		No 🗖				Ye	s 🗖	No 🗖		
Parent/Guardian (1) Signature			Date		Parent/Gu	ıardia	an (2) S	ignat	ure								Date		
Official Use Only: 1213v7		School Year									Date	Rece	ive	ed _					