

DIOCESE OF GRAND RAPIDS ENROLLMENT FORM – STUDENT INFORMATION

(Please Print)

STUDENT INFORMATION

Last Name:		Full Legal First:		Middle:
Nickname	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth date:	Birth City/State:	
Ethnic Background: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander				
PUBLIC School District where student lives:		Grade entering upon enrollment:		
Name of last school student attended:		City:	State:	ZIP Code:
Has your child ever been retained in a grade? If yes, what grade?		Does your student have any of the following? <input type="checkbox"/> IEP <input type="checkbox"/> Service Plan <input type="checkbox"/> 504 <input type="checkbox"/> Student Acct Agreement		
Transportation AM: <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Car Transportation PM: <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Car Will this student be responsible for bringing home school papers for the family? <input type="checkbox"/> Yes <input type="checkbox"/> No				

STUDENT HEALTH INFORMATION

Does your student have medical needs of which we should be aware? Please explain (use back of form if necessary)

Vision Asthma Hearing Migraines Diabetes Heart Speech ADHD ADD Convulsions / Seizures Other:

Allergies (Please list type(s) of allergies):

Does student require medication during regular school hours? Yes No If yes, medication(s) name and dose:

STUDENT RELIGIOUS INFORMATION

PARISH INFORMATION

Parish Registered:	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other:
Current Church Affiliation:	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other:

SACRAMENTS

Sacrament	Parish	Parish Address	Parish City/State/Zip	Date
<input type="checkbox"/> Baptism				
<input type="checkbox"/> First Communion				
<input type="checkbox"/> Reconciliation				
<input type="checkbox"/> Confirmation				

(LOCAL) NON-HOUSEHOLD EMERGENCY CONTACT (1) INFORMATION

Legal Last Name:	Full First:	Authorized Release? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street address:	Home phone:	Cell phone:
City:	State:	Zip:
Relationship to student:		

(LOCAL) NON-HOUSEHOLD EMERGENCY CONTACT (2) INFORMATION

Legal Last Name:	Full First:	Authorized Release? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street address:	Home phone:	Cell phone:
City:	State:	Zip:
Relationship to student:		

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