



Holy Name of Jesus Catholic School

2019-2020 Family Registration

Family Last Name: _____

Family Religious Affiliation: _____ Parish: _____

Parental Status: Married Separated Divorced Remarried Single Widow/Widower Other

Child lives with both parents Mother Father alternates between households Grandparent

Mother/Stepfather Father/Stepmother Other _____

Language(s) Spoken at Home: English Spanish Other _____

Address(es) Where Student(s) Live:

Street Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Exclude from Directory Exclude Address from Directory

Family Email: _____ Exclude from Directory

Father's Name: _____ Mother's Name: _____

Father's Cell: _____ Exclude Mother's Cell: _____ Exclude

Father's Email: _____ Exclude Mother's Email: _____ Exclude

Father's Employment: _____ Mother's Employment: _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Religion: _____ Mother's Religion: _____

Other adults in the home: _____

Adults who may pick up child(ren): _____

Emergency Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____

Anyone else who should receive information from the school:

Name: _____ Relationship to Student: _____

Address: _____

State: _____ Zip: _____

City: _____

Phone: _____



Holy Name of Jesus Catholic School

2019-2020 Student Registration

Student:

First

Middle

Last

Grade

Preferred Name:

Famliy Last Name:

DOB:

Male

Female

Catholic:

Yes

No

City & State of Birth:

Child lives with both parents Mother Father alternates between households other _____

Federal guidelines require us to record the Race/Ethnicity of every child.

Are you Hispanic/Latino or of Spanish origin? Yes No

Select one or more of the following racial groups:

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Previous School:

Public School District:

Does this student have an IEP? Yes No **If YES, a copy must be on file.**

Medical Information:

Medications taken:

List Health Problems:

List Any Allergies:

May we give Tylenol? Yes No Advil? Yes No TUMS? Yes No

May we give this student prescribed medications? Yes No

(School Personnel must have a parental consent and a physician's order to dispense medications. Original label must be on prescription bottle.)

Sacrament Information:

Baptism Date:

Parish:

First Reconciliation Date:

Parish:

First Communion:

Parish:

Confirmation Date:

Parish:
