

# 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:
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Is the individual Hispanic/Latino?  Yes  No

Race:  American Indian / Alaskan Native  Asian  Black / African American  Caucasian  Hispanic  Native Hawaiian/ Pacific Islander  White

Race Ethnicity:  American Indian/Alaskan Native  Asian  Black, not Hispanic  Pacific Islander  White, not Hispanic  Hispanic  Multiracial

PUBLIC School District where student lives: \_\_\_\_\_ Grade entering upon enrollment: \_\_\_\_\_

Name of last school student attended:	City:	State:	ZIP Code:
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Has your child ever been retained in a grade? If yes, what grade? \_\_\_\_\_ Does your student have any of the following?  IEP  Service Plan  504  PLP

Has your child ever been expelled from a school? If so, when, what school? \_\_\_\_\_

Transportation AM:  Walk  Bus  Car    Transportation PM:  Walk  Bus  Car    Will this student be responsible for bringing home school papers for the family?  Yes  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: \_\_\_\_\_  Catholic  Other:

Current Church Affiliation: \_\_\_\_\_  Catholic  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?  Yes  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?  Yes  No

Street address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/Guardian (1) Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian (2) Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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: \_\_\_\_\_  Catholic  Other: \_\_\_\_\_

Current Church Affiliation: \_\_\_\_\_  Catholic  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: \_\_\_\_\_  Catholic  Other: \_\_\_\_\_

Current Church Affiliation: \_\_\_\_\_  Catholic  Other: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Street address: \_\_\_\_\_ County: \_\_\_\_\_ Home phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home primary language: \_\_\_\_\_  
Native language: \_\_\_\_\_

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.

LEGAL NAME OF STUDENT(S) ENROLLING	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 \_\_\_\_\_