



Little Flower Catholic School

Student Data Sheet

(Print or type only in blue or black ink)

Child's Full Name: (last, first, middle)		Age:	Date of Birth:
Name Child Goes By:		Gender:	Place of Birth:
SSN#:	Home Phone:		Race: (circle one) American Indian/Alaskan
Religion:	Public School Zone (What public school would your child attend?):	Ethnic Group: (circle one) Non-Hispanic Hispanic	Asian Black/African American Native Hawaiian/Other Pacific White Multi Racial
List who is authorized to pick up your child	1.	2.	3.
List who is not authorized to pick up your child <i>Legal documents are required if a parent is not allowed to pick up a child.</i>	1.	2.	3.

Education History – List all schools the student has previously attended, beginning with the most current.

Name of School	City/State/Zip	Grades Attended

In what country did your child most recently reside?

Which language did your child learn when he/she first began to talk?

What language does your child most frequently speak at home?

What language do YOU most frequently speak to your child?

Has your child even been referred for testing?	Yes or No
Does your child now, or has your child ever had an IEP?	Yes or No
Has your child ever received extra academic assistance?	Yes or No
Has your child ever been expelled, suspended, or asked to withdraw from a school?	Yes or No

Sacraments	Date	Church	City, State, Zip	Priest
Baptism				
Reconciliation				
First Communion				
Confirmation				

(Please, complete the other side of this document)

Medical Information

Student's Doctor	Doctor's Phone #	Preferred Hospital
Health Insurance Company	Name of Insured	Policy #
Allergies (serious allergies must be documented by a physician's letter)	Other illnesses or conditions that should be noted by the school	Medications that should be noted by the school
		Medications to be taken at school (A form must be completed)
Emergency Contact 1 (other than the parent)		Emergency Contact 2 (other than the parent)
Name:		Name:
Home Phone: Work Phone:		Home Phone: Work Phone:
Cell Phone:		Cell Phone:
Emergency Contact 3 (other than the parent)		Emergency Contact 4 (other than the parent)
Name:		Name:
Home Phone: Work Phone:		Home Phone: Work Phone:
Cell Phone:		Cell Phone:
<p>___ I give permission for my child to be treated in my absence and until I can be located.</p> <p>___ I give permission to have my child transported to the nearest hospital if time is a critical element.</p>		

It is critical that we have current information. Please notify us immediately, in writing, if changes to the above information need to be made.

- ***Registration is not complete until all required documents are on file and all fees/tuition have been verified. (Checks must be cashed before fee/tuition payment is considered final)***
- ***Registration is not complete until all fees have been paid.***
- ***The completion of registration forms does not indicate a contract. The information is for planning purposes only.***
- ***If information is falsified the contract will be null and void.***

I hereby certify that all information given in the Family Information and Student Data Sheet is true and correct to the best of my knowledge.

Signature of Parent: _____

Date: _____