Student Enrollment Form 2021-2022

Student #1 Data

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Gender: M F Grade Entering: _____

Ethnic Background: _____

Last School Student Attended: _____

Last School City/State: _____

PUBLIC School District Where Student Resides: _____

Does this student have specific medical needs of which we should be aware?

Vision: Yes No Hearing: Yes No

Asthma: Yes No Allergies: Yes No

Please list type(s) of allergies: _____

Does student require medication during regular school hours? Yes No

If yes, medication name and dosage: _____

General Health Statement: Do you consider this child to be in general good health? Yes No

Does the student have any other medical needs of which we should be aware? Yes No

If yes, please state need: _____

Student #2 Data

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Gender: M F Grade Entering: _____

Ethnic Background: _____

Last School Student Attended: _____

Last School City/State: _____

PUBLIC School District Where Student Resides: _____

Does this student have specific medical needs of which we should be aware?

Vision: Yes No Hearing: Yes No

Asthma: Yes No Allergies: Yes No

Please list type(s) of allergies: _____

Does student require medication during regular school hours? Yes No

If yes, medication name and dosage: _____

General Health Statement: Do you consider this child to be in general good health? Yes No

Does the student have any other medical needs of which we should be aware? Yes No

If yes, please state need: _____

IMMACULATE HEART OF MARY
CATHOLIC SCHOOL

Student #3 Data

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____   Gender: M   F   Grade Entering: _____

Ethnic Background: _____

Last School Student Attended: _____

Last School City/State: _____

PUBLIC School District Where Student Resides: _____

Does this student have specific medical needs of which we should be aware?

Vision: Yes   No   Hearing: Yes   No

Asthma: Yes   No   Allergies: Yes   No

Please list type(s) of allergies: _____

Does student require medication during regular school hours?   Yes   No

    If yes, medication name and dosage: _____

General Health Statement: Do you consider this child to be in general good health?   Yes   No

Does the student have any other medical needs of which we should be aware?   Yes   No

    If yes, please state need: _____

Student #4 Data

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____   Gender: M   F   Grade Entering: _____

Ethnic Background: _____

Last School Student Attended: _____

Last School City/State: _____

PUBLIC School District Where Student Resides: _____

Does this student have specific medical needs of which we should be aware?

Vision: Yes   No   Hearing: Yes   No

Asthma: Yes   No   Allergies: Yes   No

Please list type(s) of allergies: _____

Does student require medication during regular school hours?   Yes   No

    If yes, medication name and dosage: _____

General Health Statement: Do you consider this child to be in general good health?   Yes   No

Does the student have any other medical needs of which we should be aware?   Yes   No

    If yes, please state need: _____

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Family Data

Parent Information	Father	Mother
Name		
Street Address		
City/State/Zip Code		
Home Phone		
Cell Phone		
Employer		
Work Phone		
Language Spoken in the Home		
Church/Religious Affiliation		
Marital Status		
Name of Step-Parent		
Step-Parent's Phone		
Email Address		

Check if appropriate:

Father Deceased   Mother Deceased   Parents Divorced

Father Remarried   Mother Remarried   Parents Separated

Applicant resides with: Parents   Mother   Father   Other: _____

Additional Parent Information	Father		Mother		Step-Parent	
Have you been convicted of a sex crime?	Yes	No	Yes	No	Yes	No
Are you listed on any sex offender registry?	Yes	No	Yes	No	Yes	No
Have you been convicted of a "listed offense" as defined under Michigan law?	Yes	No	Yes	No	Yes	No

Emergency Data

In case of an accident or serious emergency, the school will first attempt to contact a parent. If a parent cannot be reached, we will contact the following person(s):

Name of Doctor or Clinic: _____ Phone Number: _____

Health Insurance Carrier: _____ Policy Number: _____

Hospital Preferred for Emergency Treatment: _____

Emergency Contact (when parent(s) not available): _____

Phone Numbers: home_____ cell_____ work_____

Sacramental Information

Please include parish city/state in your responses.

Student 1 Name: _____

    Baptism Parish: _____ Date: _____

    First Holy Communion Parish: _____ Date: _____

    Confirmation Parish: _____ Date: _____

Student 2 Name: _____

    Baptism Parish: _____ Date: _____

    First Holy Communion Parish: _____ Date: _____

    Confirmation Parish: _____ Date: _____

Student 3 Name: _____

    Baptism Parish: _____ Date: _____

    First Holy Communion Parish: _____ Date: _____

    Confirmation Parish: _____ Date: _____

Student 4 Name: _____

    Baptism Parish: _____ Date: _____

    First Holy Communion Parish: _____ Date: _____

    Confirmation Parish: _____ Date: _____

Parishioner Information

Name of Parish your family is registered at: _____

If you are registered parishioners at Immaculate Heart of Mary Church, please answer the following:

Which Mass does your family usually attend?

List parent and/or student involvement in Parish life ministry at Immaculate Heart of Mary Church (*e.g., altar serving, lector, usher, Eucharistic Minister, adoration, choir, youth ministry, funeral buffet, Communion to shut ins, sacristan, Bible study, RCIA, etc.*)

_____

Our family tithes on a regular basis: Yes   No   Sporadically

Our family uses: electronic withdraw for our tithing   envelopes for our tithing

IMMACULATE
HEART OF
MARY
C A T H O L I C   S C H O O L

Transportation Information

For busing information, please see the additional transportation form.

How will the student(s) be transported? Please check all that apply.

AM	Car	Walk	Bus
PM	Car	Walk	Bus

Related Information

Is there any additional information concerning the above child(ren) regarding any specific learning challenges? If yes, please indicate:

_____

Have any of the above children ever been expelled from school? If yes, please list the school and details.

_____

Have any of the above children been retained in a grade? If so, which grade and give brief explanation.

_____

To the best of my ability, I have supplied this information accurately and truthfully.

Parent/Guardian Signature _____ Date _____