



NOTRE DAME ACADEMY

NEW STUDENT ENROLLMENT FORM

PLEASE PRINT

Student's Name _____
Last First Middle Initial

Male () Female () Birthdate _____ Grade Entering _____

Student's Social Security Number _____ Race _____

City & State of Student's Birth _____ Hispanic (*circle*) Yes or No

Student's Religion _____ Church attended _____

Baptismal Date _____ Church, City & State _____

First Communion Date (*if applicable*) _____ Church, City & State _____

Local Public School & District # : _____

Last School Attended (*if applicable*) : _____

Student resides with: Parents _____ Mother _____ Father _____ Legal Guardian _____

Parent's Marital Status: (*check all that apply*) Married _____ Single _____ Divorced _____ Separated _____

Mother Deceased _____ Father Deceased _____ Mother Remarried _____ Father Remarried _____

Parent Information: Name _____

Occupation _____ Employer _____ Phone _____

Religion _____ Cell Phone Number _____

Address if different from student _____

Parent Information: Name _____

Occupation _____ Employer _____ Phone _____

Religion _____ Cell Phone Number _____ Maiden Name _____

Address if different from student _____

Step Parent information: Name _____

Occupation _____ Employer _____ Phone _____

Religion _____ Cell Phone Number _____

Address if different from student _____

Grandparents:

Name _____ Address _____

Name _____ Address _____

Grandparents:

Name _____ Address _____

Name _____ Address _____

Family Directory:

_____ No, do not publish a phone number in the Family Directory

Notre Dame Academy

Student Emergency Information

Who should be called first:

_____ Phone Number: _____

We understand that in case of an accident or serious illness, the school will make every attempt to contact the parent(s) or guardian listed below, and if necessary will call the physician listed below. If the school is unable to reach me, the parent or guardian, I hereby authorize the school to call 911 and the school may make whatever arrangements seem necessary. A list of all medications taken by my child is on this form. I understand this information is for use by emergency medical personnel only. I authorize any medical or surgical treatment which may be necessary in an emergency and in my absence for the well-being of my child. I agree to hold the Principals, Teachers, Secretaries, Physician or Hospital treating my child, harmless.

Parent or Guardian Signature _____ Date: _____

Emergency Contacts:

List the phone number of a person if we are unable to reach you, we can only release your child(ren) to the individuals listed, please use the back of this page if additional space is needed:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name of individuals to whom your child **CANNOT be released**:

Name _____ Relationship _____

Name _____ Relationship _____

Student's Physician's Name _____ Phone Number _____

Address _____

Please list medications your child takes on a regular basis and indicate if your child has any health related problems such as *allergies, asthma, diabetes, etc.

*My child _____ has an EPI pen at school for: _____,

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____