



# 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 \_\_\_\_\_ Maiden Name \_\_\_\_\_

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\_\_\_\_\_ No, do not publish a phone number in the Family Directory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