



Ethnicity \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Rank of Child in Family: \_\_\_\_\_ of \_\_\_\_\_ children

School last attended \_\_\_\_\_ Dates attended \_\_\_\_\_

Address \_\_\_\_\_  
Street/City/State/Zip \_\_\_\_\_

Are there any concerns you might have regarding your child's learning abilities or health which you feel SMDPCS should be aware of ? \_\_\_\_\_ if so, please make an appointment with the principal to discuss your concerns.

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Present Church/Parish Registered in \_\_\_\_\_

Please Check: Parents are \_\_\_\_\_ Married & Living Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced  
\_\_\_\_\_ Remarried \_\_\_\_\_ Father Deceased \_\_\_\_\_ Mother Deceased

Father's Full Name \_\_\_\_\_ Ethnicity \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Education \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Ethnicity \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Education \_\_\_\_\_

If parents are separated or divorced, who has legal custody of this child? \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Guardian's name \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Phone \_\_\_\_\_

If Parent/s is/are remarried:

Step Father's Name \_\_\_\_\_

Step Mother's Name \_\_\_\_\_

Sisters or brothers enrolling at SMDPCS for the 2009 - 2010 school year:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Language spoken at home \_\_\_\_\_

EMERGENCY PROCEDURE INFORMATION

In case of an emergency and a parent cannot be reached, please indicate the person/s you want SMDPCS to contact, relationship, and phone number:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency and neither parent, nor any of the emergency contacts listed can be reached, SMDPCS will call for necessary medical attention from the local hospital in order to best aid the student.

I/We, \_\_\_\_\_, authorize SMDPCS staff to call for the necessary medical attention for my/our child, \_\_\_\_\_, in the event that I nor the emergency contacts I have listed above can be reached.

\_\_\_\_\_  
Parent/ Guardian signature                      Date

\_\_\_\_\_  
Parent/Guardian signature                      Date

Note:  
If you qualify for reduced/free lunch, you may request a form for financial Aid from the office. All forms are due by May 15, 2009 with current 1040 Tax Form. If you do not qualify but you believe you need aid, fill out application and include a letter addressed to Financial Aid Committee with details.

