

ST. NICHOLAS CATHOLIC SCHOOL
STUDENT INFORMATION

Student Name: _____

(Last)

(First)

(Middle)

Date of Birth _____

Place of Birth _____

Birth Certificate _____

SSN _____

Shot Record _____

Religious Information

Parent/Guardian Registered Parish Member (circle): St. Nicholas Little Flower No

Your Religious Preference: _____

Parent/Guardian Information

Primary Parent/Guardian

Secondary Parent/Guardian

Last Name _____

Last Name _____

First Name _____

First Name _____

Relationship _____

Relationship _____

Address _____

Address _____

City _____

City _____

State _____

State _____

Zip _____

Zip _____

Phone # _____

Phone # _____

Cell # _____

Cell # _____

Work # _____

Work # _____

Employer _____

Employer _____

Email _____

Email _____

Emergency Information: (Other than above)

1st Contact _____

2nd Contact _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____

Cell # _____

Cell # _____

Work # _____

Work # _____

Family Doctor _____

Phone _____

Family Dentist _____

Phone _____

Does student have any allergies or health problems? Yes No

If yes, please explain: _____

Parent/Guardian Signature

Date

