

Nativity Parish School Family Information Form

School Year: _____ Family Last Name: _____ Check New or Returning family
Family Religious Affiliation: _____ Parish: _____

Home Info

Parental Status: Married Separated Divorced Remarried Single Widow/Widower Other
Students Live With: Both Parents/Guardian Mother Father Mother/Stepfather
 Father/Stepmother Grandparents Other

Language spoken at home: English Spanish Other: _____

Fill in the address of the person/s with whom the students live.

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Silent Number. Other Phone: _____

Email Address _____ Exclude email from School Directory

Exclude family from the School Directory Exclude Address from School Directory

Father

Name: _____

Occupation: _____

Employer: _____

Bus. Phone: _____

Cell Phone: _____

Father Email: _____

Exclude Father Email from School Directory

Father Religion: _____

Mother

Name: _____

Occupation: _____

Employer: _____

Bus. Phone: _____

Cell Phone: _____

Mother Email: _____

Exclude Mother Email from School Directory

Mother Religion: _____

Maiden Name: _____

Comments: Enter any additional comments about your family you feel the school should have.

For office use only
Enrollment Fee _____
Check # _____

**Nativity Parish School
Student Application Form**

School Year: _____ New or Current Student Grade in which to enroll: _____

First Name: _____ Middle Name: _____ Last Name: _____

Preferred First Name: _____ Family Last Name: _____

Social Security Num: _____ Birth date: _____

Male Female Catholic Yes No City & State of Birth: _____

Lives With: Both Parents Mother Father Mother/Stepfather Father/Stepmother Grandparents
Other _____

Federal guidelines require us to record the Race/Ethnicity of every child. You must answer the following question and then indicate your race. Hispanic is considered an ethnicity and not a racial group. If you are of Hispanic ethnicity, you must also select a racial group.

Are you Hispanic/Latino or of Spanish origin? Yes No

Select one or more from the following racial groups:

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Previous School Attended: _____

Public School & District Area: _____

Does this student have an IEP? Yes If Yes, we will need a copy for our records.

Medical Info

Medications this student takes: _____

List any Health Problems for this student here: _____

Comments: Enter any additional comments about this student here.

If the student is Catholic, enter the following information if you have not previously submitted it.

Baptism

Date: _____ Parish & Location: _____

First Reconciliation

Date: _____ Parish & Location: _____

First Communion

Date: _____ Parish & Location: _____

Confirmation

Date: _____ Parish & Location: _____