

Past School Record

Name of School		Full Address	
Phone #	Grade(s) attended	Reason left	
Has your child ever been expelled from any school?	Yes No	Suspended from school?	Yes No

Information for Emergency or Medical Care

Please list any allergies or medical problems (food, asthma, diabetes, heart trouble, epilepsy, etc.)

Please describe any special health or learning needs of your child:

Emergency contact #1 (in case parents or guardians cannot be reached)	Home #	Work #	Cell phone #
Relationship to student:	Employer:		
Emergency contact #2 (in case parents or guardians cannot be reached)	Home #	Work #	Cell phone #
Relationship to student:	Employer:		

Student's Physician Name:	Telephone #	Street Address	City	State
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Persons permitted to check students out of school:

Please list any special instructions regarding custody or visitation:

Why do you want to send your child to St. Charles Borromeo Catholic School?

How did you find out about St. Charles Catholic School?

Please list any church or school ministries in which you serve.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Checklist (for office use only)

Birth Certificate: _____ Social Security # _____ MS 121 shot record _____

Baptismal Certificate _____ First Communion Certificate _____ Last Report Card (if transferring) _____