

Kuemper Catholic School

Enrollment Form

Please indicate grade: _____

Anticipated Enrollment Date _____

Student's Legal Name: _____
First Middle Last

Gender: Male Female

Student's Nickname: _____ Birth Date: _____ / _____ / _____

Ethnicity: White Hispanic Asian/Pacific Islander
 Black Multi-racial American Indian/Alaskan Native

Home Address: _____
Street City Zip

Home Phone #: _____ Public School District: _____

Student lives with: both parents mother only mother & stepfather joint legal custody
 guardian father only father & stepmother other

Name of persons with whom the student is living.

Father Stepfather Name: _____
Other _____ First Last

Address: _____
If different from above.

Phone #: _____
If different from above.

Marital Status:

Married

Single

Divorced

Separated

Employer: _____

Work #: _____

E-mail: _____

Cell #: _____

Mother Stepmother Name: _____
Other _____ First Last Maiden name

Address: _____
If different from above.

Phone #: _____
If different from above.

Marital Status:

Married

Single

Divorced

Separated

Employer: _____

Work #: _____

E-mail: _____

Cell #: _____

If the student does not live with both parents, please complete the following for the parent who is NOT listed above.

Father Mother Name: _____
First Last

Address: _____

Phone #: _____

Marital Status:

Married

Single

Divorced

Separated

Employer: _____

Work #: _____

E-mail: _____

Cell #: _____

Send school information to this parent: Yes No

If one of the student's parents is deceased, please print first and last name here. _____

Parish:

Name of Church

Location

Student's religion: Roman Catholic Other _____

Father's religion: Roman Catholic Other _____

Mother's religion: Roman Catholic Other _____

Sacraments: Baptism: _____

Date

Name of Church

City/State

Reconciliation: _____

Date

Name of Church

City/State

First Communion: _____

Date

Name of Church

City/State

Confirmation: _____

Date

Name of Church

City/State

Emergency Contacts: *(should NOT be parents' names & numbers)*

Name: _____ Relationship: _____

Work #: _____ Home #: _____ Cell #: _____

Name: _____ Relationship: _____

Work #: _____ Home #: _____ Cell #: _____

Health Concerns: _____

Special Learning Programs:

TAG _____ IEP _____ 504 _____ Speech _____

Other: _____

Student's Record Information:

Former School Name: _____

Address: _____

City, State, Zip: _____