



**ST. MICHAEL ACADEMY  
STUDENT DATA FORM**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
(Last) (First) (M.I.)

Home Address \_\_\_\_\_  
(Street) (City) (Zip)

Home Telephone Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Emergency Data**

In case of an accident or serious illness the school will first contact a parent. PERSON  
OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE:

1. \_\_\_\_\_  
(Name) (Address) (Phone)

2. PHYSICIAN PREFERRED FOR EMERGENCY TREATMENT:

\_\_\_\_\_   
( Doctor's name) (Address) (Phone)

3. Hospital: \_\_\_\_\_

**Health Information**

4. Does the child have medical problems or physical disabilities, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain \_\_\_\_\_

5. Does the student take any medication regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Does student need to wear eye glasses during the school day? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Family Data:**

Father

Mother (Maiden)

1. Name: \_\_\_\_\_

2. Country or State of Birth: \_\_\_\_\_

3. Language spoken in the Home: \_\_\_\_\_

4. Place of work & Occupation: \_\_\_\_\_

5. Business Phone: \_\_\_\_\_

6. Religion: \_\_\_\_\_

7. Marital Status: Please circle:

Married  
Separated  
Divorced  
Remarried  
Deceased

Married  
Separated  
Divorced  
Remarried  
Deceased

8. Other legal guardian(s) – if applicable \_\_\_\_\_

9. With whom does the student reside? \_\_\_\_\_

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Children in the Family (youngest to eldest)

Name	Birth date	Current School	Grade Level
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Parish/Church Data**

Religion: \_\_\_\_\_

We are registered members of \_\_\_\_\_

We attend \_\_\_\_\_

We live within the boundaries of this Parish \_\_\_\_\_ yes \_\_\_\_\_no