



# Family Information

## Mother

## Father

Name:

\_\_\_\_\_  
*(First) (Last) (Maiden)*

\_\_\_\_\_  
*(First) (Last)*

Home Address:

\_\_\_\_\_  
*(if different)*

\_\_\_\_\_  
*(if different)*

Occupation:

\_\_\_\_\_

\_\_\_\_\_

Job Title/Position:

\_\_\_\_\_

\_\_\_\_\_

Employer:

\_\_\_\_\_

\_\_\_\_\_

Business Address:

\_\_\_\_\_

\_\_\_\_\_

City/Zip Code:

\_\_\_\_\_

\_\_\_\_\_

Business Phone:

\_\_\_\_\_

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

\_\_\_\_\_

E-mail:

\_\_\_\_\_

\_\_\_\_\_

Religion:

\_\_\_\_\_

\_\_\_\_\_

Alumni/Year:

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Date(s)

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Date(s)

Parents' Marital Status:

\_\_\_\_ Married

\_\_\_\_ Mother remarried

\_\_\_\_ Father remarried

\_\_\_\_ Separated/Divorced

\_\_\_\_ Mother deceased

\_\_\_\_ Father deceased

\_\_\_\_ Single parent household

\_\_\_\_\_

\_\_\_\_\_

Student lives with:

\_\_\_\_\_

Sibling (s) attending St. Mary's:

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Grade)*

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Grade)*

Siblings:

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Age)*

\_\_\_\_\_  
*(School Attending)*

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Age)*

\_\_\_\_\_  
*(School Attending)*

The Massachusetts Department of Education requires schools to provide the ethnicity background of our student population. Please check below which category most identifies the ethnic background of your child:

**American Indian/non-Hispanic** (having origins in any of the original peoples of North America, including Alaskan Native.)

**Black/African American/non-Hispanic** (having origins in any of the black racial groups of Africa.)

**Asian/non-Hispanic** (having origins in Far East, Southeast Asia or Indian Sub-continent: (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc.)

**White/non-Hispanic** (having origins in Europe, North Africa, or the Middle East.)

**Native Hawaiian or other Pacific Islander/non-Hispanic** (having origins in Hawaii, Guam, Samoa, or other Pacific Islander.)

**Two or More Races/non-Hispanic** (two or more races listed above and is not of Hispanic origin.)

**One Race and Hispanic** (person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture and one race listed above.)

**Two or More Races and Hispanic** (person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture and two or more races listed above.)

Primary language(s) used at home: \_\_\_\_\_

### Academic Information

Present School: \_\_\_\_\_  
(Street)

Present Grade: \_\_\_\_\_  
(City) (State) (Zip code)

Other Schools Attended: (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
(Grade) (mo) (day) (yr) (mo) (day) (yr) (School) (City) (State) (Zip code)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
(Grade) (mo) (day) (yr) (mo) (day) (yr) (School) (City) (State) (Zip code)

Has your child ever been placed on an Individual Education Plan (IEP) or had a CORE evaluation?  
If yes, please provide a copy with your application.

\_\_\_\_ Yes \_\_\_\_ No

Has your child ever been diagnosed with any learning disabilities?

\_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency & Health Information

List available neighbors/relatives who could assume temporary care of your son/daughter should you be unavailable.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are there any individuals who are restricted from picking up your child? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Individual: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Please fill in the following information, which is important in the case of serious illness or emergency. Please notify the school nurse of any changes in student health history or changes in medication.**

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If allergies exist, please describe the specific allergic reaction:

Allergies to environment/food/medication: \_\_\_\_\_

Vision or Hearing problems: \_\_\_\_\_

Illness, injuries, or surgery since last year? \_\_\_\_\_ If yes, please describe.

List medications taken on a regular basis, dosage, and time taken and reason that the medication is taken.

Medication	Dose	Time Taken	Reason for taking medication
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**Please refer to medication administration policy in the student handbook. Medication forms are needed for any medication given to students at school.**

Is there any additional information that the school nurse should be aware of? Please explain.

In case of accident or serious illness, and I am unable to be contacted, the school will call the physician named below and follow his instructions. If it is impossible to contact the physician, the school will make whatever arrangements are deemed necessary.

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_