

Student's Legal Name: _____ Home Phone: _____
Preferred Name: _____ Entering Grade: Pre-K, K, 1, 2, 3, 4, 5, 6 (circle one)
Mailing Address: _____ City: _____ MN ZIP: _____
Date of Birth: _____ Gender: _____ Current Age: _____
Place of Baptism: _____ Church Name: _____ Date: _____
Student's Religion: _____ Current Parish/City Family registered at: _____

Identify the ethnicity and race of the individual by answering BOTH questions.

Is the individual Hispanic or Latino? (Choose only one)

- No**, not Hispanic or Latino
- Yes**, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

What is the individual's race? (Choose one or more races below)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam and Laos.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Primary Language Spoken in Home: _____
Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Father: _____ Place of Employment: _____
City of Employment: _____ Work phone #: _____
Mailing Address, City, State, Zip (if different than student): _____
Home Phone: _____ Cell Phone: _____ Has Custody? Y N
Email address: (please print clearly) _____ Father's Religion: _____

Mother: _____ Place of Employment: _____
City of Employment: _____ Work phone #: _____
Mailing Address, City, State, Zip (if different than student): _____
Home Phone: _____ Cell Phone: _____ Has Custody? Y N
Email address: (please print clearly) _____ Mother's Religion: _____

Please list (2) adult contacts, in order of desired contact, to be called if parent/guardian cannot be reached (emergency/pickup contacts):

Adult(1)/Address: _____
Relationship: _____ Day Phone: _____

Adult(2)/Address: _____
Relationship: _____ Day Phone: _____

Physician Name/Address: _____ Physician Phone: _____
Dentist Name/Address: _____ Dentist Phone: _____

Please list any allergies, special or medical needs, or concerns: _____

Daycare Provider: No _____ Yes _____, if so, name/address/phone: _____

Were you referred to St. Mary's by a current SMS family? If so, who? _____

Today's Date: _____ Parent/Guardian Signature: _____