



## Diocese of Grand Rapids New Student Enrollment Form

### Student Data ( Información del Estudiante)

Student's name (Nombre del Estudiante): \_\_\_\_\_ Gender: **M F (circle)**

Last                      First                      Middle

Ethnic Background: *Asian*                      *Black/African American*                      *Caucasian*                      *Native Hawaiian/Other Pacific Islander*  
*American Indian/Alaskan Native*                      *Hispanic*                      *Multiracial (circle)*

Home Address (Dirección) \_\_\_\_\_ City (Ciudad) \_\_\_\_\_ Zip (Codigo Postal): \_\_\_\_\_

Home Phone (Tel. casa): \_\_\_\_\_ Work Phone (Tel. trabajo): \_\_\_\_\_

DOB (Fecha de nacimiento del estudiante): \_\_\_\_\_ Grade Entering (Grade al que entrara): \_\_\_\_\_

Last school student attended (Ultima Escuela que Asistio): \_\_\_\_\_  
Name of schoolCity/State

<b>Language spoken in the Home:</b> <i>Idioma que se habla en casa:</i>	
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PUBLIC School District where student resides (Distrito Escolar PUBLICO en el que reside): \_\_\_\_\_

### Student Health Information

Does this student have specific medical needs of which we should be aware? *¿Tiene el estudiante alguna necesidad médica de la cual debemos estar al tanto?*

Vision (Vision): **Yes No (circle)**                      Hearing (Oido): **Yes No (circle)**

Asthma (Asma): **Yes No (circle)**                      Allergies (Alergias): **Yes No (circle)**

Please list type(s) of allergies (Favor de nombrar tipos de alergias): \_\_\_\_\_

Does student require medication during regular school hours? *¿Requiere medicamento durante las horas de escuela?*

**Yes No (circle)**

If yes, medication name and dosage (Si es el caso, cual es y la dosis): \_\_\_\_\_

Does the student have any other medical needs of which we should be aware: **Yes No (Circle)**

If yes, please state need: \_\_\_\_\_

### Emergency Data (Infomarcion en Caso de Emergencia)

*In case of an accident or serious emergency, the school will first attempt to contact a parent. If a parent cannot be reached, we will contact the following person(s) (En caso de emergencia, la escuela tratara de contactar al padre de familia primero. En caso de que no se localice, contactaremos a las siguientes personas):*

Name of Doctor or clinic (Nombre del Doctor o Clínica):	Phone number of Doctor or clinic (Numero de telefono del Dr. o clínica):
Address of Doctor or clinic (Dirección del Doctor o Clínica):	Name of Health Insurance carrier (Nombre de la compañía de seguro medico):
Hospital Preferred for emergency treatment (Hospital de Preferencia)	Health Insurance Policy Number (Numero de Poliza de Seguro):

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Date of Entry: \_\_\_\_\_  
 Date of Withdrawal: \_\_\_\_\_  
 Birth Certificate/other (specify): \_\_\_\_\_  
 Emergency form: \_\_\_\_\_ Health Form: \_\_\_\_\_ Parishioner? \_\_\_\_\_ Received by: \_\_\_\_\_

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<i>para tratamiento de emergencia:</i>	
<b>Emergency contact (when parents are not available)</b> ( <i>Nombre del contacto de emergencia, en caso de que los padres no esten disponibles:</i> )	<b>Emergency contact address</b> ( <i>Dirección del contacto de emergencia:</i> )
<b>Emergency Contact home phone number</b> ( <i>Numero de Telefono- casa:</i> )	<b>Emergency Contact: Cell phone</b> ( <i>Celular:</i> ) <b>Work phone</b> ( <i>Trabajo:</i> )

### Parent Information (*Información de los Padres*)

Parent Information	Father ( <i>Padre</i> )	Mother ( <i>Madre</i> )	Step-Parent ( <i>Padrastro/Madrastra</i> )
<b>Name</b> ( <i>Nombre:</i> )			
<b>Have you been convicted of a sex crime?</b> ( <i>¿Ha sido acusado de un crimen sexual?</i> )			
<b>Are you listed on any sex offender registry?</b> ( <i>¿Esta en la lista de ofensores sexuales?</i> )			
<b>Have you been convicted of a “listed offense” as defined under Michigan law?</b> ( <i>¿Ha sido acusado en “la lista de ofensa” asi descrito en la ley de Michigan?</i> )			

### Family Data (*Información de la Familia*)

Parent Information	Father ( <i>Padre</i> )	Mother ( <i>Madre</i> )
<b>Name</b> ( <i>Nombre:</i> )		
<b>Address (if different from child)</b> ( <i>Direccion-solo si es diferente a la del menor:</i> )		
<b>Home phone # (if different)</b> ( <i>Tel.:</i> )		
<b>Employer</b> ( <i>Empleador:</i> )		
<b>Business phone #</b> ( <i>Tel. del trabajo:</i> )		
<b>Church/Religious Affiliation:</b>		
<b>Marital status</b> ( <i>Estatus Marital</i> )- <b>Married</b> ( <i>Casados</i> )		
<b>Separated</b> ( <i>Separados</i> )		
<b>Divorced</b> ( <i>Divorciados</i> )		
<b>Widowed</b> ( <i>Viudo (a)</i> )		
<b>Remarried</b> ( <i>Se volvio a casar</i> )		
<b>Name of Step-Parent</b> ( <i>Nombre del padrastro/madrastra:</i> )		

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<b>With whom does child reside?</b> <i>(¿Con quien vive el menor?)</i>		
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*Student Name:* \_\_\_\_\_

**Children in the Family**  
*(Otros menores en la familia):*

<b>Name (Nombre):</b>	<b>Birth Date</b> <i>(Fecha de nacimiento)</i>	<b>School (Escuela)</b>	<b>Grade level</b> <i>(Grado)</i>

**Parish Data (For Parents to Complete)** *(Información de los Sacramentos)*

<b>Child's Sacraments</b>	<b>When?</b> <i>(¿Cuándo?)</i>	<b>Church (Iglesia)</b>	<b>Pastor's Name</b> <i>(Nombre del Sacerdote)</i>
<b>Baptism</b> <i>(¿Bautizado?)</i>			
<b>First Communion</b> <i>(Primera Comunión)</i>			
<b>Reconciliation</b> <i>(Reconciliación)</i>			
<b>Confirmation</b> <i>Confirmación</i>			

**Current Church affiliation** *(Parroquia a la que pertenece):* \_\_\_\_\_ **Pastor's name** *(Nombre del Sacerdote):* \_\_\_\_\_

**Names of People Authorized for Student Pick-Up** *(Nombre de las Personas Autorizadas que Pueden Venir por el Menor)*

**Name** *(Nombre)* \_\_\_\_\_ **Phone #** *(Tel.):* \_\_\_\_\_ **Relationship to Student** *(¿Que es del menor?)* \_\_\_\_\_

**Name** *(Nombre)* \_\_\_\_\_ **Phone #** *(Tel.):* \_\_\_\_\_ **Relationship to Student** *(¿Que es del menor?)* \_\_\_\_\_

**Name** *(Nombre)* \_\_\_\_\_ **Phone #** *(Tel.):* \_\_\_\_\_ **Relationship to Student** *(¿Que es del menor?)* \_\_\_\_\_

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Student Name: \_\_\_\_\_

**Related Information**

**Is there any additional information concerning this student regarding any specific learning challenges--i.e., previous testing, learning difficulties, emotional concerns, gifted student, etc? If yes, please indicate:** *(Existe alguna informacion adicional del estudiante; tales como, dificultades especificas de aprendizaje (educacion especial, dificultades emocionales, estudiante con talentos? Si es el caso, favor de indicar):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has this student ever been expelled from school? If yes, please list school and details** *(Ha sido el estudiante expulsado de la escuela? Si es asi, mencione la escuela y los detalles):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your son or daughter been retained in a grade?** *(¿Ha repetido un grado su hijo (a)?* \_\_\_\_ **If yes, which grade?** *Si es asi, ¿cual grado?* \_\_\_\_\_ **Give a brief explanation** *(De una breve explicación):* \_\_\_\_\_

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**I have received and signed a Tuition Contract** *(He recibido y firmado el contrato de matricula):*

**Yes    No    (circle)**

**To the best of my ability, I have supplied this information accurately and truthfully.**

*Bajo mi mejor habilidad, he proveído esta información adecuada y sinceramente.*

**Parent/Guardian Signature** *(Firma del Padre de Familia):* \_\_\_\_\_

**Date** *(Fecha):* \_\_\_\_\_

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