

ST. FRANCIS CATHOLIC SCHOOL STUDENT INFORMATION FORM**SCHOOL YEAR 2022-2023****Student's LEGAL Name:** _____**Grade:** _____ **Gender:** _____ **Birthdate:** _____ **Birthplace:** _____ **Religion:** _____

Parent Contact Info: _____ Mom _____ Dad Name: _____ Address: _____ City, ST Zip: _____ Primary Contact#: _____ Type: _____ Secondary Contact#: _____ Type: _____ Other#: _____ Type: _____ Email: _____	Parent Contact Info: _____ Mom _____ Dad Name: _____ Address: _____ City, ST Zip: _____ Primary Contact#: _____ Type: _____ Secondary Contact#: _____ Type: _____ Other#: _____ Type: _____ Email: _____
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(Please * any changes in contact information from last year)**Student lives with:** _____ **Father** _____ **Mother** _____ **Both** _____ **Other** _____**Would you like information to be shared with both parents/guardians?** _____ **Yes** _____ **No** _____ **N/A****Emergency Contact:** Relationship _____

Name: _____

Primary Contact#: _____ Type: _____

Secondary Contact#: _____ Type: _____

Other#: _____ Type: _____

Emergency Contact: Relationship _____

Name: _____

Primary Contact#: _____ Type: _____

Secondary Contact#: _____ Type: _____

Other#: _____ Type: _____

Family doctor: _____

Work Phone: _____

Family Dentist: _____

Work Phone: _____

Medical Concerns or Medications: (i.e.: asthma, seizures, diabetes, allergies) (Please list below, or use the back of the sheet.)

_____**I consent:**Field Trips: (Any field trips taken during the school year) _____ *Yes* _____ *No*Photos/Media (for publications, Facebook, etc) _____ *Yes* _____ *No*Student Directory _____ *Yes* _____ *No*Internet _____ *Yes* _____ *No*Is there a custody or restraining order in effect? _____ *Yes* _____ *No*OTC: _____ *Yes* _____ *No* - For school authorized personnel to administer to my child as needed (Acetaminophen, Cough drops, Antibiotic ointment, Benedryl/Caladryl Cream, *Oral Benedryl are available)

Face Mask: _____ I understand that if my child goes to the Nurse's office with COVID-19 symptoms that they will be required to wear a mask until they are picked up from the building

The following people are allowed to pick up my child/ren _____

I agree, that the information on this sheet to be current for the school year and that if my (our) child becomes ill or is injured at the school and needs to be taken home and I (we) cannot be reached, the above listed people have been informed of their responsibility and have my (our) permission to receive information about and provide transportation and care for my (our) child.

Parent/Guardian Signature: _____ **Date:** _____

FIRST DAY OF SCHOOL

Please complete and return this form so the teacher has it the first day of school.

After school on the first day:

My child _____

Will walk _____ address _____

Will ride bus _____ address _____

bus number _____ bus driver _____

Will be picked up by _____

Every day thereafter, unless my child brings a note:

My child _____

Will walk _____ address _____

Will ride bus _____ address _____

bus number _____ bus driver _____

Will be picked up by _____

Remarks _____

Example: Church Day, Dance Day, etc.

If school is dismissed early because of bad weather, we would like your cooperation to know where to send your child.

My child _____

Will walk _____ address _____

Will ride bus _____ address _____

bus number _____ bus driver _____

Will go home with _____

Will be picked up by _____

Thanks so much for your cooperation. This will be so helpful for us in the future.

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: ☐ Male ☐ Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States?

☐

Yes

☐

No

If yes, in which state?

If no, in what other country?

2. Has your child attended any school in the United States for any three years during their lifetime?

☐

Yes

☐

No

If yes, please provide school name(s), state, and dates attended:

Name of School _____

State _____

Dates Attended _____

Name of School _____

State _____

Dates Attended _____

Name of School _____

State _____

Dates Attended _____

3. What language is spoken by you and your family most of the time at home?

4. If available, in what language would you prefer to receive communication from the school?

5. Is your child's first-learned or home language anything other than English?

☐

Yes

☐

No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk?

7. What language does your child most frequently speak at home?

8. What language do you most frequently speak to your child?

(Father) _____

(Mother) _____

9. Please describe the language understood by your child. (Check only one)

A. ☐

Understands only the home language and no English.

B. ☐

Understands mostly the home language and some English.

C. ☐

Understands the home language and English equally.

D. ☐

Understands mostly English and some of the home language.

E. ☐

Understands only English.

Parent or Guardian's Signature

Date

Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ ☐ Male ☐ Female

Person Completing This Form: ☐ Parent/Guardian ☐ Student ☐ Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: ☐ Yes ☐ No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

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

Please complete the entire form and return it to:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____