

Angelo Catholic School Registration

San Angelo, Texas

For Office Use Only

Date Enrolled _____
 Reg Fee Paid _____
 Imm. Record _____
 Birth Cert _____
 Bapt. Cert _____
 Sacraments _____
 Withdrawal Date _____
 Reason _____

Enrollment Card 20__ - 20__

Student Name _____, _____, _____ Age on Sept 1 _____
(Legal Last Name) (First Name) (Middle Name)

Goes By _____ Birthdate _____ Place of Birth _____

Street Address _____ Apt. # _____ Zip _____

Sex: _____ Race: _____ Grade Entering: _____ Student's Social Security # _____

Religion _____ Parish Registration _____

Last school attended other than Angelo Catholic School _____

Neighborhood School _____ With whom does student live? _____

Father/Step Father/Guardian (Please circle one) _____ Phone _____

Father/Step Father/Guardian's Home Address: _____ Cell _____

Father/Step Father/Guardian's Place of Work _____ Work Phone _____

Mother/Step Mother/Guardian _____ Phone _____

Mother/Step Mother/Guardian's Home Address: _____ Cell _____

Mother/Step Mother/Guardian's Place of Work: _____ Work Phone _____

Email address _____ Language spoken at home _____

Person Responsible for tuition payments _____ Phone _____

Please list other children in household under 18 years of age:

Legal Last Name	Legal First Name	Age	Sex	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is parent/step-parent in armed services: Yes _____ No _____

Has your child ever been involved in any special school program, i.e. Special Education, Accelerated Program, Hearing Program, Handicapped, Remedial Instruction, etc.? _____ Yes _____ No

The individuals below have permission to pick up my child from school or may be called in case of an emergency:

(Mother's Name) _____ Primary Number _____

(Father's Name) _____ Primary Number _____

(Other) _____ Relationship _____ Primary Number _____

(Other) _____ Relationship _____ Primary Number _____

In order to better serve your child's health needs, please check if any items listed below apply, and explain, if necessary.

- Allergy If so, to what? _____
Requires Medication? yes no
Name of medication _____
- Food Allergy If so, to what? _____
Special requirements? _____
- Asthma If so, requires medication / inhaler? yes no
Name of medication _____
How often? _____ Taken at school? _____
- ADHD If so, requires medication? yes no
Name of medication _____
- Diabetes If so, what type? _____ Medication? yes no
Name of medication _____
- Ear Frequent infections? yes no
Hearing loss? yes no
- Seizure Requires Medication? yes no
Name of medication _____
- Heart If so, requires medications? yes no
Name of medication _____
- Orthopedic Explain _____
- Vision Wears glasses? yes no
Contacts? yes no
- Others Explain _____

Please list any other medications your child takes on a regular basis.

Please list any other important health information _____

My child may participate in health checks conducted at school. Yes No

Any student taking prescription medication from school personnel needs a "Medication Request" form completed annually per medication before the medication can be given.

No over the counter medicines (Tylenol, Motrin, etc.) are allowed to be given by the school unless accompanied by a doctor's prescription/note.

In the event I may not be reached, I authorize the principal or other professional employee to consent to emergency medical treatment for my child's minor illness or injury. I also authorize emergency transportation of my child by available emergency medical services.

Local Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Hospital Preference _____

Parent Signature

Date