

**ST. NICHOLAS CATHOLIC SCHOOL**  
**STUDENT INFORMATION**

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

(Last)

(First)

(Middle)

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Birth Certificate \_\_\_\_\_

SSN \_\_\_\_\_

Shot Record \_\_\_\_\_

**Religious Information**

Parent/Guardian Registered Parish Member (circle):    St. Nicholas    Little Flower    No

Your Religious Preference: \_\_\_\_\_

**Parent/Guardian Information**

Primary Parent/Guardian

Secondary Parent/Guardian

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Information:** (Other than above)

1st Contact \_\_\_\_\_

2nd Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Does student have any allergies or health problems?    Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

