

**ST. CLARE OF MONTEFALCO 2012-2013**

**HOMEROOM INFORMATION FOR STUDENT**

Please complete and return form to homeroom teacher by Friday, September 07,2012.

**STUDENT'S LEGAL NAME** \_\_\_\_\_ Sex \_\_\_\_\_

Religion \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

**In case of Emergency call** \_\_\_\_\_ Phone \_\_\_\_\_

Language in home \_\_\_\_\_ Parish/ Church \_\_\_\_\_

Student lives with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

Other (relationship) \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Father deceased \_\_\_\_\_ Mother deceased \_\_\_\_\_

Legal custody: Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

Other \_\_\_\_\_ (relationship) \_\_\_\_\_

Parent salutation (Mr. & Mrs., Dr. & Mrs., Mr. & Dr. etc.) \_\_\_\_\_

Baptismal date: \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_

Check one: Parishioner \_\_\_\_\_ Non-parishioner \_\_\_\_\_ Non-Catholic \_\_\_\_\_

**\*\*\* CONTINUED ON OTHER SIDE \*\*\***

Names and ages of other children in the family (including stepbrothers/stepsisters):

---

---

---

School history - list names of schools previously attended: \_\_\_\_\_

---

Medication now being taken: \_\_\_\_\_

Medical conditions (allergies, if yes please list, diabetes, epilepsy, asthma, etc.): \_\_\_\_\_

---

Glasses needed for: Reading \_\_\_\_\_ Distance \_\_\_\_\_ Physical Education \_\_\_\_\_

Needs special seating \_\_\_\_\_

Has been enrolled in special classes: Speech \_\_\_\_\_ Reading \_\_\_\_\_ Teacher Consultant \_\_\_\_\_

Attended summer school at \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Subjects: \_\_\_\_\_

Tutored \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_ Subjects \_\_\_\_\_

Any other information you consider important concerning:

HEALTH \_\_\_\_\_

---

CONDUCT \_\_\_\_\_

---

Your child may be pictured or identified in print as part of a school activity during this school year which might be sent to local newspapers, T.V. stations or shown on our Parish/School website as part of our school public relations program. Other than a student's name, grade and room number, no other information will be given out unless you have been individually informed (generally in the case of being a prize/contest winner).

\_\_\_\_\_ I approve of my child being used for publicity at St. Clare of Montefalco School.

\_\_\_\_\_ I do not approve of my child being used for publicity at St. Clare of Montefalco School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* CONTINUED ON OTHER SIDE \*\*\***