

**MATERNITY OF MARY – ST. ANDREW SCHOOL
STUDENT INFORMATION/EMERGENCY FORM**

(Complete one form for each student)

PLEASE PRINT CLEARLY

STUDENT FULL NAME _____
FIRST MIDDLE LAST

Complete only if student is Catholic	Date (mm/dd/yyyy)	Catholic Church	City	State
Baptism				
First Communion				
Confirmation				

FATHER'S NAME _____ Home Phone (____) _____
First Last

Father Religion _____ Father Email Address _____

Father address (if different from student) _____

Street City Zip

Father Daytime: Employer _____ Phone (____) _____

Employer Address _____ Cell Phone (____) _____

MOTHER'S NAME _____ Home Phone (____) _____
First Last

Mother Religion _____ Mother Email Address _____

Mother address (if different from student) _____

Street City Zip

Mother Daytime: Employer _____ Phone (____) _____

Employer Address _____ Cell Phone (____) _____

Additional person to call in case of emergency: Name/Relationship: _____

Address: _____

Phone : (____) _____

Additional person to call in case of emergency: Name/Relationship: _____

Address _____

Phone : (____) _____

HEALTH INFORMATION: Allergies _____

Other medical conditions _____

My child's doctor is _____ Address _____

Phone (____) _____

My child's dentist is _____ Address _____

Phone (____) _____

My family's hospital is _____ Ins. Co. _____

In case of accident, serious illness, or ingesting of a hazardous substance, I give Maternity of Mary-St. Andrew School personnel my permission to contact my child's physician, or emergency hospital if I cannot be reached.

Signed _____ Date _____

Student Intake Form

Student Placement Center
2102 University Avenue West
Saint Paul, MN 55114-1806
651-632-3701 main
651-632-3704 fax



Date: _____ Student ID: _____

Student's Legal Name: _____
Last First Middle

Goes by Name (if different): _____ Birth Date: _____

Birth Place: _____ Home Language: _____ Gender: _____ Grade: _____

Ethnicity: Hispanic? Yes No Race (s): American Indian Asian African American Pacific Islander White

Lives with: _____ Relationship: _____
First and Last Name(s)

Address: _____
Street Apartment # City State Zip Code

Home Phone: _____ Emergency Phone: _____

Emergency Contact: _____
Last First Relationship

Student's Social Security Number: _____
(optional)

Please complete if different from above:

Parent 1: _____
Last First Relationship

Parent 2: _____
Last First Relationship

Legal Guardian: _____
(if applicable) Last First

Address: _____
Street Apartment# City State Zip

Home Phone: _____

Last School Attended: _____ Public School Private School

Last School Address: _____
Street City State Zip Code

Last School Phone: _____ Last School Fax: _____

Last Grade: _____ Last Day of Attendance: _____ Special Ed.? Yes No 504 Plan?

Last School in Saint Paul: _____ Grade: _____ Month/Year: _____

Last School in Minnesota: _____ Grade: _____ Month/Year: _____

Siblings (school age and non-school age in the same household): (if more than 2 siblings, please use additional sibling form)

_____ Last First Middle Gender Date of Birth Home Language

Ethnicity: Hispanic? Yes No Race (s): American Indian Asian African American Pacific Islander White

_____ Last First Middle Gender Date of Birth Home Language

Ethnicity: Hispanic? Yes No Race (s): American Indian Asian African American Pacific Islander White

Comments: _____

Student's Name: _____

Student ID Number: _____

DECLARATION OF ETHNIC AND RACIAL BACKGROUND

Federal and state government mandates require the school district to identify the racial/ethnic background of each student. Racial/ethnic category is private data and will only be released under one of the following conditions:

- 1) To district employees who have a legitimate need to know;
- 2) To other educational agencies who have a legitimate need to know; and
- 3) To other agencies or individuals who provide a release form signed by you or by your child once he or she reaches legal age.

What is this student's ethnicity? (choose one)

<input type="checkbox"/>	<u>Ethnic Background</u>	<u>Description</u>
<input type="checkbox"/>	Hispanic or Latino	Hispanic is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Not Hispanic or Latino	

What is this student's race? (choose one or more)

<input type="checkbox"/>	<u>Racial Background</u>	<u>Description</u>
<input type="checkbox"/>	American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
<input type="checkbox"/>	Asian	A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent.
<input type="checkbox"/>	Black or African American	A person having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

DECLARATION OF STUDENT LANGUAGE

Dear Parents and Guardians:
In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate boxes:

1. Which language did your child learn first?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
3. Which language does your child usually speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
4. Which language do you usually use when speaking to your child?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
5. Which language do <u>you</u> usually use when speaking to your friends?	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____

Do you work in the agriculture or fishing industry for your seasonal/temporary employment? Yes No

I UNDERSTAND THE ABOVE DESIGNATION CANNOT BE CHANGED FOR THE DURATION OF MY CHILD'S ENROLLMENT IN THE SAINT PAUL PUBLIC SCHOOLS.

Signature of Parent/Guardian (if student is under 18)

Date