



# Student Data Card 2020-2021

One per student

**STUDENT INFORMATION:** Gender: M/F \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
\* If Pre-K-3, please indicate full day or half day Full day \_\_\_\_\_ Half day \_\_\_\_\_ (for 2020-2021 school year)

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Religious affiliation: \_\_\_\_\_ Catholic: \_\_\_\_\_ Non-Catholic Church affiliation: \_\_\_\_\_  
Baptism: Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_  
First Communion: Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

**In which school district do you reside?** \_\_\_\_\_ Lauderdale County Schools \_\_\_\_\_ Meridian Public Schools  
\_\_\_\_\_ Other School District **AND** Which public school is closest? \_\_\_\_\_

### PARENT/GUARDIAN I:

Title: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(Dr., Mr., Mrs., Ms.)

\_\_\_\_\_ Last First Middle Initial

Mailing address (if different from student)  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Occupation and Employer:  
\_\_\_\_\_

Work phone: \_\_\_\_\_

### PARENT/GUARDIAN II:

Title: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(Dr., Mr., Mrs., Ms.)

\_\_\_\_\_ Last First Middle Initial

Mailing address (if different from student)  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Occupation and Employer:  
\_\_\_\_\_

Work phone: \_\_\_\_\_

### SIBLING(S):

_____ Name _____ Age _____	_____ Name _____ Age _____
_____ Name _____ Age _____	_____ Name _____ Age _____

Student lives with: \_\_\_\_\_ Mother & Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Legal Guardian

\*All divorced parents are required to furnish school with copy of custody section of the divorce decree.

\*All legal guardians are required to furnish school with a copy of the court document.

\_\_\_\_\_ (Initial) We have provided the school with a copy of the Custody Section of divorce decree.

\* Continued on back

## HEALTH RECORD

List any **MEDICAL conditions** and/or **ALLERGIES** of which St. Patrick School should be made aware:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

### AUTHORIZED FOR PICK UP

The following persons, other than parents or legal guardians, are authorized to pick my child up from school:

	<u>Name / Relationship</u>	<u>Home phone</u>	<u>Cell phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**\*Please send your child's teacher a note if someone other than yourself or the above named persons will be picking up your child.**

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For full-time students, indicate if you plan to utilize After Hours Care: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Registration fee: \$20.00 • Monthly flat rate fee: \$100.00 • No hourly rates available)

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### PARENTAL OR LEGAL GUARDIAN CONSENT

**INITIAL** each line to indicate approval.

\_\_\_\_\_ If I cannot be reached, St. Patrick School has my permission to secure the most readily available medical services, and if necessary, have my child transported to the nearest emergency medical care facility. I understand that I will be responsible for any cost related to this action.

\*Our hospital of choice is \_\_\_\_\_.

\_\_\_\_\_ St. Patrick School has my permission to screen in areas of minor hearing and vision.

\_\_\_\_\_ I hereby certify that my child is covered with personal injury insurance.

**\*Provide proof of insurance to the school.**

\_\_\_\_\_ St. Patrick School has my permission to take photographs of my child to use for bulletin boards, brochures, news releases, websites, films, video tapes, social media, outdoor advertising, and other forms of publicity specifically for the advertisement and promotion of the school.

\_\_\_\_\_ Please include us in the family directory.

\_\_\_\_\_ I have returned the Data Card form **AND** the Re-enrollment form **ALONG WITH** the Registration fee.

I, the undersigned, declare that the information contained in this form is true and correct to the best of my knowledge and belief.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

FOR OFFICE USE ONLY	
Date Form Submitted _____	<input type="checkbox"/> Birth Certificate
Entrance Date _____	<input type="checkbox"/> Social Sec. Card
Withdrawal Date _____	<input type="checkbox"/> MS Imm. form
	<input type="checkbox"/> Proof of Ins.
	<input type="checkbox"/> Baptismal Cert.