

<b>St. John Neumann Catholic School</b> <b>CONFIDENTIAL STUDENT INFORMATION</b>	<b>2023-2024</b> <b>GRADE</b> ___	<b>Student Ethnicity</b> ___ American Indian/Native Alaskan ___ Asian ___ Black ___ Hispanic ___ Multi Racial ___ Native Hawaiian/Pacific Islander ___ White
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Student Last Name	First	MI	Family E-mail
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Address	City	State	Zip	Main Telephone Contact No.
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Student Place of Birth	Date of Birth	Age	Family Parish /Church
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With Whom Does The Student Live? \_\_\_ Mother/Father-same Household \_\_\_ Mother Only \_\_\_ Father Only  
 \_\_\_ Mother & Step-parent \_\_\_ Father & Step-parent \_\_\_ Grandparent \_\_\_ Other-specify \_\_\_\_\_  
 Parents are: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Father Remarried \_\_\_ Mother Remarried

<b>Father or Guardian's Name</b>	<b>Employer</b>	<b>Business Phone</b>	<b>Mobile (Cell) Phone</b>
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Father Information \* Complete only if different than Student's information  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

<b>Mother or Guardian's Name</b>	<b>Employer</b>	<b>Business Phone</b>	<b>Mobile (Cell) Phone</b>
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Mother Information \* Complete only if different than Student's information  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**HEALTH and EMERGENCY INFORMATION**

List any health condition such as heart disease, epilepsy, asthma, eye or ear problems, chronic conditions, severe allergies to include food, medication, etc.  
 Explanation \_\_\_\_\_

Physician Name and Phone Number	Dentist Name and Phone Number
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Hospital Preference	Ambulance Preference
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**PLEASE SIGN ONE OF THE BOXES BELOW WHICH AUTHORIZES/DOES NOT AUTHORIZE EMERGENCY CARE.**

I, the undersigned, **DO** hereby authorize officials of St. John Neumann Catholic Schools to contact directly the persons named in this document and do authorize the named health care providers to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event parents, physicians, or other health care providers named in this document cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. I will not hold St. John Neumann Catholic School financially responsible for the emergency care and / or transportation of said child.

Parent/Guardian Signature	Date
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I, the undersigned, **DO NOT** authorize officials of St. John Neumann Catholic School to render any emergency medical care to said child, including any minor incidents using band aids or ice packs, etc.

Parent/Guardian Signature	Date
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<b>STUDENT INFORMATION CONTINUED</b>	Name _____
<input type="checkbox"/> Returning Student	
<input type="checkbox"/> Transferring Student: List previous Preschool-8 <sup>th</sup> grade school(s) attended _____	

**AUTHORIZED CHILD RELEASE INFORMATION** – List in priority order other individuals to whom you authorize your child to be released. Proper ID will be required.

Last Name	First	Phone Number
Last Name	First	Phone Number
Last Name	First	Phone Number

**Additional Contact Information** (Optional – for special invitations, newsletters, mailings, etc.)

<b>Grandparents</b> (Other: _____)	<b>Grandparents</b> (Other: _____)
Name _____	Name _____
Address _____ <small>Street</small>	Address _____ <small>Street</small>
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
E-Mail _____	E-Mail _____

**Additional email addresses of friends of St. John Neumann for emailing of newsletters, invitations, other mailings, etc.**

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\_\_\_\_\_ Initials Permission is hereby given to St. John Neumann Catholic School to disclose an account of the above-named student’s achievement and/or participation in school or community activities to the media and St. John Neumann publications, including the school’s website. Permission is also given to use his/her photographic likeness in working with the news media and for alumni publications, video and multimedia material.

\_\_\_\_\_ Initials In signing the Confidential Student Information form, I/We acknowledge and understand that as a family with a student at St. John Neumann Catholic School, I/We will volunteer 30 hours of volunteer time for the 2023-2024 school year. I/We understand that if it is not possible to volunteer the full 30 hours, I/We have the option to buy out volunteer hours @ \$20.00 per hour as a donation to St. John Neumann School. For preschool parents 10 volunteer hours are required per year.