



ST AGNES



Student Information Sheet PRE-K PROGRAM

Student's Name _____ Male ___ Female ___ Birthdate _____

Student's Religion _____

Student's Nickname *(only if used in the classroom)* _____

Home Address _____ City _____ Zip _____

Student's Citizenship _____ Ethnicity _____

Mother's Name _____ Home Phone _____

Mother's Religion _____ Cell Phone _____

Home Address _____ City _____ Zip _____
(If different from child's, listed above)

E-Mail Address _____

Employer _____ Work Phone _____ Work Hours _____

Work Address _____ City _____ Zip _____

Father's Name _____ Home Phone _____

Father's Religion _____ Cell Phone _____

Home Address _____ City _____ Zip _____
(If different from child's, listed above)

E-Mail Address _____

Employer _____ Work Phone _____ Work Hours _____

Work Address _____ City _____ Zip _____

Please fill out both sides 

Parent's Marital Status: Married Separated Divorced

If divorced or separated, which parent has legal custody? Father Mother Both
 Other (*Complete next line*)

Legal Guardian's Name _____ Phone _____

After School Arrangements: *How will your child be picked up after school?*

Car (by whom) _____

Other _____

Authorized Escorts: *Only people authorized by you in writing may pick up your child.*

Person Authorized to Pick Up:

Name _____

Address _____

Phone _____

Additional Individuals Authorized to Pick Up:

Name _____

Address _____

Phone _____

Additional Individuals Authorized to Pick Up:

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Participation in Special Programs:

Special Education / IEP / Resource- List verification area(s): _____

English as second language- First language: _____

Allergies: _____

*Welcome to St. Agnes
Pre- K Program!*