

**STUDENT INFORMATION FORM  
2011-2012**

**DIRECTIONS: A Parent/Guardian should fill out this form and return before registration is complete. If there is any change in this information during the school year, please contact the school to update the student's file. A separate form needs to be filled out for each child in the family.**

Student's Full Legal Name \_\_\_\_\_ Preferred/Nickname \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School Attended Prior to BLHS \_\_\_\_\_ Catholic Parish Where Registered \_\_\_\_\_

**FAMILY INFORMATION**

Father's/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Email Address \_\_\_\_\_ Place of Work \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Bishop Luers Graduate Yes No Year \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Email Address \_\_\_\_\_ Place of Work \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Bishop Luers Graduate Yes No Year \_\_\_\_\_

Email(s) to be used for BLHS correspondence (such as KnightNotes): \_\_\_\_\_

Other Brothers/Sisters who have attended Bishop Luers and graduation year:

Other Brothers/Sisters presently attending Bishop Luers:

Younger Brothers/Sisters:

Parents' Status \_\_\_\_\_ Married \_\_\_\_\_ Divorced\* \_\_\_\_\_ Separated\* \_\_\_\_\_ Other\*  
 [\* Copy of Legal Custodial Document Required! Please fill out reverse side of form]

**MEDICAL & EMERGENCY INFORMATION**

( ) **ASTHMA** ( ) **DIABETES** ( ) **EPILEPSY**  
 ( ) Does your child require the use of an Epi-Pen for allergic reactions? YES \_\_\_\_\_ NO \_\_\_\_\_  
 ( ) Please list any other medical problems or health concerns with any special instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 ( ) Medications taken on a regular basis and condition being treated: \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT: In case of emergency/illness, indicate contacts we may call if the parent/guardian cannot be reached.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Hospital Preferred \_\_\_\_\_ Family Physician \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CUSTODY INFORMATION**  
**2011 - 2012**

Student's Name \_\_\_\_\_

Custody Arrangement: (check one)     Mother     Father     Other: \_\_\_\_\_

Name of parent/guardian with who student does reside: \_\_\_\_\_

Name of parent with whom student does not reside: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number                      Home \_\_\_\_\_                      Work \_\_\_\_\_

Check if records and school information should be sent to this parent. ( **Note – All parents are entitled to this information upon request unless a court document is provided stating otherwise.**)

If any of the above information is changed or is disputed by one or both parents, legal documents will be requested to determine custody of the child.