



Pre-K – 12th Grade
Student Information Sheet
2020 - 2021 SCHOOL YEAR

Student Information

Student's Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____ Gender _____ Tee-shirt size _____

Educational Status

Grade you plan on entering into when you become a student: PK3 PK4 K 1 2 3 4 5 6 7 8 9 10 11 12

Are you transferring from a public school? (**Does not apply to entering 9th grade students**) Yes or No

Elementary school most recently attended _____

Public School you would attend (School District) _____

Religious Information

What is your religious affiliation? Catholic ___ Christian ___ Other (specify) _____

Name of Parish / Church _____

Street Address _____ City _____ State _____ Zip _____

ETHNIC BACKGROUND

Is the student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Yes No

RACE

Choose one regardless of ethnicity selected in previous question.

- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White / Caucasian

FAMILY INFORMATION

Father/Stepfather/Guardian (circle one)

Salutation _____ First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Cell Provider _____

Email: _____

Place of Employment: _____ Work Phone () _____

BMHS Alumnus? (check appropriate box) No Yes, Class of _____

Mother/Stepmother/Guardian (circle one)

Salutation _____ First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Cell Provider _____

Email: _____

Place of Employment: _____ Work Phone () _____

BMHS Alumnus (check appropriate box) No Yes, Class of _____

Student lives with Both Parents Father Primary Mother Primary Legal Guardian(s)

List the names of siblings currently attending Bishop McNamara Catholic School

Name: _____ Grade _____ Location _____

Name: _____ Grade _____ Location _____

Name: _____ Grade _____ Location _____

Family Members that are alumni of BMHS:

Name: _____ Relationship: _____ Class year: _____

Name: _____ Relationship: _____ Class year: _____

Name: _____ Relationship: _____ Class year: _____

Medical Information

Please list student's allergies that we should be aware of, if any. (If none, please leave blank):

Please list student's physical or medical conditions that we should be aware of, if any. (If none, please leave blank):

Please list student's prescription medications if any. (If none, please leave blank):

Activity Information

The student would like information on the following athletics/activities (*check all that apply*):

High School (9-12)

- Football
- Golf
- Poms/Dance
- Tennis
- Wrestling
- Bowling
- Robotics Club
- Soccer
- Volleyball
- Basketball
- Track & Field
- Cheerleading
- Band
- Chorus
- Jazz Band
- Fall Play
- Spring Musical
- Winter Theatre Showcase
- Scholastic Bowl
- Match Points
- Campus Ministry
- Yearbook

Junior High (6-8)

- Track & Field
- Cheerleading
- Volleyball
- Basketball
- Baseball
- Softball
- Cross Country
- Band
- Chorus
- Student Council
- Math Team

5th Grade

- Cross Country
- Track & Field
- Band

4th Grade

- Band

Parent / Guardian Signature _____ Date _____ Enrollment Date _____

I certify that the information provided on this application is accurate and true. Bishop McNamara Catholic School does not discriminate on the basis of age, race, color, sex or national origin.