



Pre-K – 12<sup>th</sup> Grade  
Student Information Sheet  
2021 – 2022 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 9<sup>th</sup> 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):

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

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

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## 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

### 5<sup>th</sup> Grade

- Cross Country
- Track & Field
- Band

### 4<sup>th</sup> 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.