



St. Thomas the Apostle Catholic School

Student Data Sheet

Student Data

Last Name	First Name	Middle Name	Gender: Male Female
Address			Date of Birth
City, State, Zip			
Home Phone	Student Phone		

Student Residence

Lives with Both Parents YES NO	Parents' Names		
If student does not live with both parents, please indicate:			
Lives with Natural Father	Lives with Natural Mother	Lives with Legal Guardian	Lives in Foster Home
Father Deceased	Mother Deceased	Lives with Custodial Parent/Guardian**	Other:
***Custodial parent/guardian must provide court certified custodial documents			

Health History

Allergy to bee sting	YES	NO	Wears Glasses	YES	NO
Asthma	YES	NO	Wears Contacts	YES	NO
Diabetes	YES	NO	Wears Braces	YES	NO
Epilepsy	YES	NO	Wears Retainers	YES	NO

Other:

Attach current copy of immunizations.

Immunizations must be up-to-date prior to first day of school or the student will be unable to attend.

Does your student have allergies: YES NO Please list: _____ Medication: _____

Is your student on regular medication: YES NO Please list: _____

Please refer to school handbook for personal medication policy

Insurance Company: _____ Policy Number: _____

Siblings

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

Parent or Guardian Signature _____ Date _____