_____ _____

(Signature – person completing form) (Date)

Trinity Catholic School Student Personal Information Form

This information you are asked to provide below will be used to continue the student's cumulative record which is the school's formal record of the student's growth from Kindergarten to Grade 6. The continual use of information in the student's cumulative record enable teachers, counselors and parents to better understand the student as an individual and thereby be in a much better position to give help according to individual needs.

1. Student name _____ Male _____
   Female _____
2. Student's date of birth _____ Place _____
3. Student's date of Baptism_____ Church_____ Place_____
4. Student's home phone _____ Address _____
5. If parents are separated,

   a) Student lives with mother _____ or father_____
   b) Legal custody is held by mother _____, father _____, or both_____

6. Student is a member of _____Parish.

   a) Father's religion _____
   b) Mother's religion _____

7. Does the student have any of the following physical conditions or learning problems which the school should know about? Please check areas of parent concern.

_____ poor hearing _____ heart condition _____ poor speech

_____ poor vision _____diabetes _____asthma

_____ epilepsy _____learning difficulties

_____ other (_____)

8. Please provide the name of your family doctor or the doctor you want called in case of an emergency.

_____ _____

(Doctor's Name) (Telephone Number)

Family Information

If there are questions that you prefer not to answer, please leave it blank.

1. Student's father's name _____

2. Is student's father living _____ Deceased _____

3. Father's address _____ Phone _____

4. Father is employed by _____ Occupation _____

5. Highest grade completed by father: elementary _____ High school _____ College _____

6. Student's mother's name _____

7. Is student's mother living _____ Deceased _____

8. Mother's address _____ Phone _____

9. Mother is employed by _____ Occupation _____

10. Highest grade completed by mother: elementary _____ High school _____ College _____

11. Does the student have a step parent? _____

12. If yes, give step parent's name _____

13. Step parent is employed by _____ Occupation _____

14. Does student have a legal guardian (other than parents)? _____

15. If yes, give the guardian's name _____

16. Guardian's address _____ Phone _____

17. Guardian is employed by _____ Occupation _____

18. Language spoken in the home: English _____ Other languages _____

19. In the space below, give the first, month and year of birth of each of the student's brothers and sisters.

Brothers' first name & birthdate	Sisters' first name & birthdate
_____	_____
_____	_____

Health and Social Development

The following information should be given as accurately as possible to help better understand your child.

1. Does your child have any known physical defects? _____
If so, please describe. _____

2. Does your child need to have physical activities limited for any reason? _____
If so, please describe. _____
(If you answered yes, please send a statement from your physician to the office.)

3. Has your child ever been hospitalized? _____ If so, why? _____
_____

4. Has your child ever experienced a severe emotional shock? (Auto accident, death, family upset, etc.) _____ If so, please describe _____
_____

5. What type of discipline do you consider most successful with this child? _____
_____

6. How does this child respond to discipline? _____

7. Please check any of the following symptoms which have been noted recently:

____ 4 or more colds each year
____ frequent sore throat
____ blurred vision
____ running ears
____ frequent nose bleed
____ tires easily
____ dizziness
____ fainting spells
____ abdominal pains
____ frequent pain in legs and joints
____ night sweats
____ hard of hearing

8. Please check which of the following you observe in your child:

____ nail biting
____ thumb sucking
____ bed wetting
____ happy disposition
____ orderly
____ helpful around the house
____ selfish
____ worries a great deal
____ has many fears
____ is self reliant
____ dependable
____ likes to play with others
____becomes easily discouraged
____excitable
____angers easily
____ very easy to manage
____ thoughtful of family members
____is generous with playmates

9. At what age did your child do the following?

Sit by himself _____ Walk holding onto things _____
Walk unaided _____ Talk _____

10. At what time does he/she go to bed _____ What time does he/she get up _____

11. Does he/she rest during day? _____ What time? _____

12. Were there any complications of difficulties during delivery of this child?

_____

13. Are there any problems or other matters which you would like to discuss with the school staff (administrator, psychologist, teacher, school nurse)?

14. Has you child had any of the following? If yes, what year?

_____ Chicken pox
_____ Measles
_____ German measles
_____ Mumps
_____ Diptheria
_____ Scarlet fever
_____ Frequent sore throat
_____ Rheumatic fever
_____ Heart disease, - state type (congenital, Murmur, etc.)
_____ Infantile paralysis
_____ Frequent headaches
_____ Diabetes
_____ Pneumonia
_____ Tuberculosis
_____ Tuberculosis in immediate family
_____ Whooping cough
_____ Running ears
_____ Infectious mononucleosis
_____ Frequent colds
_____ Infectious hepatitis
_____ Operations – state type _____
_____ Tonsillectomy
_____ Epilepsy (Type _____)
_____ Serious injury – state type _____

15. Is your child currently on any type of medication? If yes, please **list** the medical **condition**, the type of **medication** and the **amount** of dosage.

Medical condition _____
Medication _____
Dosage _____

Copies of the Birth Certificate, Baptismal Certificate (if baptized) and your child's immunization record need to be given to the school.