

Saint Anselm School
13013 Chillicothe Road
Chesterland, Ohio 44026
440-729-7806

CONFIDENTIAL - STUDENT INFORMATION

Student's Name _____
Student's Birthdate _____ Grade (2018-2019) _____

Address _____

Home Phone (____) _____ Parish _____

Public School District in which you live: _____

MEDICAL COVERAGE: Name of Plan _____
Plan Number _____
Medicaid Number _____
Hospital Preference _____

FAMILY PHYSICIAN: _____ Phone (____) _____
FAMILY DENTIST: _____ Phone (____) _____

OTHER AUTHORIZED MEDICAL TECHNICIANS: _____
IS STUDENT ON MEDICATION OR ALLERGIC TO MEDICATION? Yes ___ No ___
If answer is yes, specify medication or allergies: _____

IS SCHOOL AUTHORIZED TO ADMINISTER MEDICATION? Yes ___ No ___
If answer is yes, is a **signed release from the doctor** on file
in the clinic authorizing the administration of medication? Yes ___ No ___

FOR EMERGENCY PURPOSES: Telephone numbers (or other information) for purposes
of contacting parents in case of emergency

Father's name: _____
Occupation: _____
Place of employment _____
Work Phone (____) _____ Cell(____) _____

Mother's name: _____
Occupation: _____
Place of employment _____
Work Phone (____) _____ Cell(____) _____

IF PARENTS CANNOT BE REACHED:
Name of authorized person to call: _____
Relationship of above person to this student _____
Telephone (____) _____ Cell(____) _____

OVER

OTHER:

Is your child currently receiving or has received in the past specialized services: rem.

math/reading, speech, L.D. Yes _____ No _____

If yes please specify _____

Child seeing psychologist? Yes _____ No _____

MARITAL STATUS OF PARENTS

Married? Yes _____ No _____

Living together? Yes _____ No _____

Single parent? Yes _____ No _____

Widowed? Yes _____ No _____

Separated? Yes _____ No _____

Divorced? Yes _____ No _____

Remarried? Yes _____ No _____

If divorced - Do we have a copy of divorce or guardianship decree?

Yes _____ No _____

Without a copy of the decree the student may not begin the school year

Name of parent/parents with custody _____

Person responsible for tuition

Name _____

Address _____

City _____

Zip _____ Phone _____

Has a form been signed as to responsibility and

As to release of records to non-custodial parent? Yes _____ No _____

Are there any restraining orders? Yes _____ No _____

Do we have certified copies of those orders? Yes _____ No _____

IF SOMEONE OTHER THAN PARENTS HAVE CUSTODY, SPECIFY THAT PERSON:

Name: _____

Relationship: _____

Address: _____

Telephone (_____) _____ Cell (_____) _____

Do we have a copy of the order of such custody? Yes _____ No _____

Total number of adults living in home _____ Total number of children living in home _____

Signature of person completing form _____