

CONFIDENTIAL PERSONAL STUDENT PROFILE 2025-2026

(All information will be kept confidential)

Student's Name _____
Last First Middle

Date of Birth ____/____/20____

Address _____ Zip _____

Home Tel. # _____ Email _____

Parent/
Guardian _____ Cell# _____
Last First Occupation

Parent/
Guardian _____ Cell# _____
Last First Occupation

Names of siblings	Ages
_____	_____
_____	_____
_____	_____

1. Was child in Religious School last year? Yes _____ No _____

If Yes: Where? _____ What grade? _____

2. Did child attend Religious School before last year? Yes _____ No _____

If Yes: Where? _____

3. Does child have any problems in school? Yes _____ No _____ (Check where applicable)

a. Social _____	c. Intellectual _____	e. Reading _____
b. Emotional _____	d. Physical _____	f. Attention deficit Disorder _____
	Glasses _____	g. Other _____
	Hearing aid _____	

Please elaborate: _____

4. Is child in special class in public school? _____

a. Resource? _____ b. Special Education? _____ C. Advanced? _____

5. Is child on any medication? _____ (Explain _____)

6. Does child have any allergies? _____ (Explain _____)

7. Is there any other information that you'd like us to know about your child?

(Explain) _____

Parent/ Guardian _____ Date _____