

CONFIDENTIAL PERSONAL STUDENT PROFILE 2024-2025

(All information will be kept confidential)

Student's Name _____
Last First Middle

Date of Birth ____/____/20____ Male____ Female____

Address _____ Zip _____

Home Tel. # _____ Email _____

Mother's Name: _____ Cell# _____
Last First Occupation

Father's Name: _____ Cell# _____
Last First Occupation

Names of brothers and sisters _____ 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 _____