

**Little Saints Learning Center**  
**ST. PAUL'S EPISCOPAL SCHOOL**  
**STUDENT PROFILE**

**Name:** \_\_\_\_\_ Present Grade: \_\_\_\_\_  
                    Last                      First                      Middle                      Nickname

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F Home Phone: \_\_\_\_\_

Present School: \_\_\_\_\_ Address: \_\_\_\_\_

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**A. Father** (please note – use section C if father does not reside with student)

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Title	Last	First	(MI)	Nickname	Home Phone
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Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Attends: \_\_\_\_\_ High School Attended: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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**B. Mother** (please note – use section C if mother does not reside with student)

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Title	Last	First	(MI)	Nickname	Home Phone
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Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Attends: \_\_\_\_\_ High School Attended: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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**C. Parent or Guardian not residing with student:**

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Title	Last	First	(MI)	Nickname	Home Phone
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Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Attends: \_\_\_\_\_ High School Attended: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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With whom is the child living? \_\_\_\_\_

If applicable, what are the custody arrangements? \_\_\_\_\_

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## Family Information

**Siblings:** (brothers and sisters under 19 years of age)

Name	Date of Birth	School	Grade
Name	Date of Birth	School	Grade
Name	Date of Birth	School	Grade

**GRANDPARENTS:**

(circle Y/N)

Send Mailing: Y/N

Emg. Contact: Y/N	Title	Name	Address	Home Phone	Cell Phone
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Auth. Pick Up: Y/N

Send Mailing: Y/N

Emg. Contact: Y/N	Title	Name	Address	Home Phone	Cell Phone
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Auth. Pick Up: Y/N

Send Mailing: Y/N

Emg. Contact: Y/N	Title	Name	Address	Home Phone	Cell Phone
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Auth. Pick Up: Y/N

Send Mailing: Y/N

Emg. Contact: Y/N	Title	Name	Address	Home Phone	Cell Phone
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Auth. Pick Up: Y/N

**EMERGENCY CONTACTS AND AUTHORIZATION FOR PICK-UP: (not listed above)**

Name (Local)	Relation	Hm#	Wk#	Cell#
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Name (Local)	Relation	Hm#	Wk#	Cell#
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*Name (Non 504 Area Code)	Relation	Hm#	Wk#	Cell#
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\*Required information by state emergency regulations.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Throughout the year, videos and photographs are often taken of your children either by St. Paul's staff or by the media. Unless you otherwise notify us, photographs and videos may be used by St. Paul's or its designees for publication or broadcast purposes. If you do not want your pictures or videos of your child used, please contact the school.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_