

**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: _____

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

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: _____

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

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: _____

C. Parent or Guardian not residing with student:

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: _____

With whom is the child living? _____

If applicable, what are the custody arrangements? _____

Family Information

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

Name	Date of Birth	School	Grade
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Name	Date of Birth	School	Grade
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Name	Date of Birth	School	Grade
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GRANDPARENTS:

(circle Y/N)

Send Mailing: Y/N

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

Emg. Contact: Y/N

Auth. Pick Up: Y/N	Title	Name	Address	Home Phone	Cell Phone
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Send Mailing: Y/N

Emg. Contact: Y/N

Auth. Pick Up: Y/N	Title	Name	Address	Home Phone	Cell Phone
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Send Mailing: Y/N

Emg. Contact: Y/N

Auth. Pick Up: Y/N	Title	Name	Address	Home Phone	Cell Phone
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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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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:** _____