

LAKE CATHOLIC HIGH SCHOOL

Student's Name _____ Class of _____

CHECK HERE IF ANY INFORMATION HAS CHANGED AND CIRCLE THE CHANGE PLEASE PRINT CLEARLY

EMERGENCY CONTACT INFORMATION Other than Parents			
Mr. Mrs. Ms. Dr. _____		_____	
Name	Relationship to Student		
Address	City	State	Zip Code
() _____	() _____		
Home Phone	Work Phone		
() _____	_____		
Cell Phone	_____		

SIGNATURE VERIFICATION	
For the safety of our students we need to verify signatures.	
_____ Signature of Mother	_____ Signature of Father
_____ Signature of Step-Mother	_____ Signature of Step-Father
_____ Signature of Legal Guardian	

PHOTO RELEASE AND AUTHORIZATION	
I (We) the parent(s) and/or guardian(s) of my (our) minor child _____ age _____, DO hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/son during her/his enrollment at Lake Catholic High School.	
This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, prints and video tape shall constitute the property of Lake Catholic High School for any purpose determined at its discretion, including but not limited to development/fundraising and promotional publications/shows, without further notice of any compensation to me or to my daughter/son.	
Parent/Guardian Signature _____	Date _____
Minor Student's Signature _____	Date _____
I (We) the parent(s) and/or guardian(s) of my (our) minor child _____ age _____, DO NOT consent and authorize the use and/or reproduction of photographs of my (our) daughter/son except in the school yearbook during her/his enrollment at Lake Catholic High School.	
Parent/Guardian Signature _____	Date _____

STUDENT INFORMATION			
			CLASS OF: _____
Student's full Name	Last	First	Middle
_____	_____	_____	_____
Student's Nick Name	Date of Birth	Gender	
_____	_____	_____	
Student's Home Address			

City	State	Zip Code	
_____	_____	_____	
Home Phone	Student Cell Phone		
_____	_____		
Student Email Address	Public School District		
_____	_____		
Parish or Church	Religion		
_____	_____		
Select one:	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African-American
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/other Pacific Islands	<input type="checkbox"/> White
	<input type="checkbox"/> Multiracial		
Student lives with: <i>(you must mark one)</i>			
<input type="checkbox"/> Both natural parents	<input type="checkbox"/> Mother as custodial parent	<input type="checkbox"/> Father as custodial parent	<input type="checkbox"/> Shared Custody
<input type="checkbox"/> Guardian (with legal custody)	<input type="checkbox"/> Other Please explain _____		

INFORMATION REGARDING LEGAL CUSTODY - (if divorced)	
Name of Residential Parent/Guardian _____	Date _____
Is there a court order (or pending order) affecting the custody and /or residency of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please attach a certified copy of the entire court order including the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and the court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.	
Does the non-residential parent have visitation rights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student's Name _____ Class of _____

FATHER'S INFORMATION

Lake Catholic Alumni Yes No Class of: _____

Mr. Dr. _____

Father's Name Example: *Dr. John R. Smith, Sr.* _____ Father's Nick Name _____

Father's Home Address if different than student's _____ City _____ State _____ Zip Code _____

Married Divorced Single Widower Remarried _____ Spouse's Name _____

() _____ () _____

Home Phone _____ Cell Phone _____

() _____

Work Phone _____ E-mail Address _____

Father's Employer _____ Father's Occupation / Position _____

Father's Work Address _____ City _____ State _____ Zip Code _____

MOTHER'S INFORMATION

Lake Catholic Alumni Yes No Class of: _____

Mrs. Ms. Dr. _____

Mother's Name Example: *Mrs. Pamela J Smith* _____ Mother's Nick Name _____ Mother's Maiden Name _____

Mother's Home Address if different than student's _____ City _____ State _____ Zip Code _____

Married Divorced Single Widower Remarried _____ Spouse's Name _____

() _____ () _____

Home Phone _____ Cell Phone _____

() _____

Work Phone _____ E-mail Address _____

Mother's Employer _____ Mother's Occupation / Position _____

Mother's Work Address _____ City _____ State _____ Zip Code _____

LISTING FOR STUDENT DIRECTORY

Names and addresses will be posted in our student directory.

Please indicate if we may list your home phone number in the directory. List Do Not List Phone Number

Student's Name _____ Class of _____

FAMILY INFORMATION

List Student's Siblings _____ Lake Catholic

Yes _____

No _____ Class of: _____

Yes _____

No _____ Class of: _____

Yes _____

No _____ Class of: _____

Yes _____

No _____ Class of: _____

Maternal Grandparents

Mr. Mrs. Ms. Dr. _____

Name's Example: *Mr. Mrs. John J Smith Sr.* _____ Spouse's Name _____

Address _____ City _____ State _____ Zip Code _____

() _____ () _____

Home Phone _____ Cell Phone _____ E-mail Address _____

Paternal Grandparents

Mr. Mrs. Ms. Dr. _____

Name's Example: *Mr. Mrs. John J Smith Sr.* _____ Spouse's Name _____

Address _____ City _____ State _____ Zip Code _____

() _____ () _____

Home Phone _____ Cell Phone _____ E-mail Address _____

STEP PARENT IN RESIDENCE and/or LEGAL GUARDIAN

Mr. Mrs. Ms. Dr. _____

Name Example: *Dr. John R. Smith, Sr.* _____ Nick Name _____

Relationship to Student _____ Spouse's Name _____

() _____ () _____

Home Phone _____ Cell Phone _____

() _____

Work Phone _____ E-mail Address _____

Employer _____ Occupation / Position _____

Work Address _____ City _____ State _____ Zip Code _____