



# Guardian Angels Catholic School

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*Where what children believe is  
as important as what they know*

2018-2019

## Pre-K Additional Information

### STUDENT INFORMATION (Please Print All Information)

Student Name \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion: \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Race \_\_\_\_\_ Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

### PARENT GUARDIAN:

Religion –Father: \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_

Religion –Mother: \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

### FINANCIAL INFORMATION

Name of Person Financially Responsible: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

### MEDICAL INFORMATION

Does your child have any physical markings? (birthmarks, moles, etc.)

Has your child ever been tested/evaluated or diagnosed for learning disabilities: (Circle One) Yes No  
If yes, please explain: \_\_\_\_\_

FATHER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

MOTHER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_