



Guardian Angels Catholic School

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

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: _____