



Database Info Sheet 2020 - 2021 SCHOOL YEAR

Student Information

Student's Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____ Gender _____ Tee-shirt size _____

Educational Status

Grade you plan on entering into when you become a student: PK3 PK4 K 1 2 3 4 5 6 7 8 9 10 11 12

Are you transferring from a public school? **(Does not apply to entering 9th grade students)** Yes or No

Elementary school most recently attended _____

Public School you would attend (School District) _____

Religious Information

What is your religious affiliation? Catholic ____ Christian ____ Other (specify) _____

Name of Parish / Church _____

Street Address _____ City _____ State _____ Zip _____

ETHNIC BACKGROUND

Is the student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Yes ☐ No

RACE

Choose one regardless of ethnicity selected in previous question.

- | | |
|--|--|
| <input type="radio"/> Asian | <input type="radio"/> Native Hawaiian / Other Pacific Islander |
| <input type="radio"/> Black / African American | <input type="radio"/> White / Caucasian |

FAMILY INFORMATION

Father/Stepfather/Guardian (circle one)

Salutation _____ First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Cell Provider _____

Email: _____

Place of Employment: _____ Work Phone () _____

BMHS Alumnus? (check appropriate box) ☐ No ☐ Yes, Class of _____

Mother/Stepmother/Guardian (circle one)

Salutation _____ First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Cell Provider _____

Email: _____

Place of Employment: _____ Work Phone () _____

BMHS Alumnus (check appropriate box) ☐ No ☐ Yes, Class of _____

Student lives with ☐ Both Parents ☐ Father Primary ☐ Mother Primary ☐ Legal Guardian(s)

List the names of siblings currently attending Bishop McNamara Catholic School

Name: _____ Grade _____ Location _____

Name: _____ Grade _____ Location _____

Name: _____ Grade _____ Location _____

Family Members that are alumni of BMHS:

Name: _____ Relationship: _____ Class year: _____

Name: _____ Relationship: _____ Class year: _____

Name: _____ Relationship: _____ Class year: _____

Medical Information

Please list student's allergies that we should be aware of, if any. (If none, please leave blank):

Please list student's physical or medical conditions that we should be aware of, if any. (If none, please leave blank):

Please list student's prescription medications if any. (If none, please leave blank):

Activity Information

The student would like information on the following activities (*check all that apply*):

High School ONLY

- ☐ Football
- ☐ Golf
- ☐ Poms / Dance
- ☐ Tennis
- ☐ Wrestling
- ☐ Bowling
- ☐ Robotics Club
- ☐ Soccer
- ☐ Jazz Band
- ☐ Fall Play
- ☐ Scholastic Bowl
- ☐ Match Points
- ☐ Campus Ministry
- ☐ Yearbook

Grades 7-12

- ☐ Track
- ☐ Cheerleading
- ☐ Girls Volleyball
- ☐ Basketball
- ☐ Chorus
- ☐ Spring Musical

- ☐ Band (4-12)
- ☐ Cross Country (3-12)
- ☐ Baseball (6-12)
- ☐ Softball (6-12)
- ☐ Basketball (5-12)

Parent / Guardian Signature _____ Date _____

I certify that the information provided on this application is accurate and true. Bishop McNamara Catholic School does not discriminate on the basis of age, race, color, sex or national origin.