

St. Dominic School

CONFIDENTIAL INFORMATION 2009-2010

Name of Student: _____ Date: _____

Special Services:

Child receiving specialized services (remedial math/reading, speech, L.D.) Yes ___ No ___

If yes, please specify: _____

Child seeing psychologist? Yes ___ No ___

Marital Status of Parents:

Married?	Yes ___	No ___
Living together?	Yes ___	No ___
Single parent?	Yes ___	No ___
Widowed?	Yes ___	No ___
Separated?	Yes ___	No ___
Remarried?	Yes ___	No ___

If Divorced – Do we have a copy of divorce or guardianship decree?

*Students may not begin the school year until the school has a copy of the custody decree.

Who has custody: _____

Name and address of person responsible for tuition: _____

Has a form been signed as to responsibility and release of records to non-custodial parent? Yes ___ No ___

Are there any restraining orders? Yes ___ No ___

Does the school have certified copies of those orders? Yes ___ No ___

IF SOMEONE OTHER THAN PARENTS HAS LEGAL CUSTODY, SPECIFY THAT PERSON:

Name _____ Relationship: _____

Address _____ Phone: () _____

Do we have a copy of the order of such custody? Yes ___ No ___

Total number of adults living in home: _____

Total number of children living in home: _____

Signature of person completing form: _____