



ACADEMY

**Student Information Form
2011-2012**

NEA
S/C
Accredited by the
NEAS&C

920 Trapelo Road, Waltham, MA 02452

Tel: 781-899-0353 Fax: 781-891-8734 www.ourladysacademy.org

Student's Name _____ Entering Grade 2011 _____
Last First Middle

Address _____ Home Phone # _____
Street City State Zip Code

Date student entered Our Lady's Academy _____ Age in September 2011 _____
(New Students Only) Month/Year

Date of Birth _____ Place of Birth _____
Month/Day/Year City State Country

Date of Baptism/Religion _____ Church _____
Month/Day/Year Religion Name City State

Mother's Information

Name _____ Religion _____
Last First Maiden

Address _____ Home & Cell
Street City State Zip Code Phone #s

Place of Birth _____ Citizenship _____
City State Country

Occupation _____ Employer _____

Employer's Address _____ Work Phone # _____
Street City State Zip Code

Father's Information

Name _____ Religion _____
Last First Middle

Address _____ Home & Cell
Street City State Zip Code Phone #s

Place of Birth _____ Citizenship _____
City State Country

Occupation _____ Employer _____

Employer's Address _____ Work Phone # _____
Street City State Zip Code

Full name(s) of parent(s) or guardian(s) child lives with _____

Are you a member of Our Lady's Parish? _____ Our Lady's Envelope # _____

OUR LADY COMFORTER OF THE AFFLICTED PARISH



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Transportation if student is bused:

Student rides bus to school _____ Yes/No _____ Bus # _____ Student rides bus from school _____ Yes/No _____ Bus # _____

Transportation if student is not bused:

Student is driven to/from school _____ Yes/No Student walks to/from school _____ Yes/No Other (please list) _____

The information below is confidential and will be used only in case of emergency.

Child's Doctor's Name _____ Doctor's Phone # _____

Doctor's Address _____

List any medication(s) your child takes regularly:

Medication _____ Dosage _____

Medication _____ Dosage _____

List any allergies your child has:

Please list any condition or disease your child has and treatment/medicine needed:

Name any illness or surgery that your child has had over the past summer:

List any reason why your child should not participate in the gym program:

In case of an emergency and I cannot be reached, please contact:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

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