



**St. Andrew the Apostle Roman Catholic Elementary School**  
**3131 Eton Street**  
**New Orleans, LA 70131**

<b>School Year:</b> _____ <b>Grade Entering:</b> _____
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### Student Information Sheet

Date: \_\_\_\_\_

#### STUDENT INFORMATION

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex \_\_\_\_\_

Child resides with: \_\_\_\_\_ Who has custody? \_\_\_\_\_

Child's Religion \_\_\_\_\_ S.S. # \_\_\_\_\_ Place of Birth \_\_\_\_\_ Please check one:

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_  American Indian  Asian

Reconciliation: Date \_\_\_\_\_ Church \_\_\_\_\_  Black  Caucasian

Communion: Date \_\_\_\_\_ Church \_\_\_\_\_  Hispanic  Vietnamese

Is this your oldest child attending St. Andrew? _____ Yes _____ No	List sibling(s):	Name: _____ Age: _____ Grade: _____
		Name: _____ Age: _____ Grade: _____
		Name: _____ Age: _____ Grade: _____

#### PARENT INFORMATION

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Do you want to be included in the directory? \_\_\_\_\_

SAS alumni? \_\_\_\_\_ Year(s) \_\_\_\_\_

Religion \_\_\_\_\_ Deceased? \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Widowed

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Do you want to be included in the directory? \_\_\_\_\_

SAS alumni? \_\_\_\_\_ Year(s) \_\_\_\_\_

Religion \_\_\_\_\_ Deceased? \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Widowed

#### ADDITIONAL INFORMATION

School last attended \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Reason for transfer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Reason for wanting to attend St. Andrew \_\_\_\_\_

Are there any medical, physiological or educational conditions which may impact your child's learning environment (ex. Asthma, diabetes, speech/language, dyslexia, ADD, ADDHD)? \_\_\_\_\_ If so, please indicate: \_\_\_\_\_

Has your child been evaluated for any of the above conditions within the last five years? \_\_\_\_\_

Do you support St. Andrew the Apostle Church? \_\_\_\_\_ Church Envelope No. \_\_\_\_\_

Church Parish in which you reside? \_\_\_\_\_