

**STUDENT DATA**

Student <b>Last Name:</b>	Student <b>First Full Name:</b>	*Name to be used in school if different than first full name:	Student Middle Name:	Date of Birth: (MM/DD/YY)
Place of Birth - City:	Place of Birth - County:	Place of Birth - State:	Date entering HCCS: (month/year)	Distance from School:
Age on <b>first</b> day at HCCS:	Grade when entering HCCS:	Last School Attended:	Present Parish Membership:	School District #:
<b>Baptism:</b> Date: _____ Church: _____ City/State: _____	* <i>Copy of Baptismal Certificate is needed if other than at Sts. Peter &amp; Paul or St. John Nepomucene or Holy Trinity-Heun Churches in Howells.</i>	<b>First Communion:</b> Date: _____ Church: _____ City: _____	<b>Confirmation:</b> Date: _____ Church: _____ City: _____	
Student's ethnic background (please circle one)      White, not Hispanic      Hispanic      American Indian Asian/Pacific Islander      Black, not Hispanic				
Language spoken in the home: (please circle)      English      Spanish      Other, _____				
Does your child speak a language other than English? Yes No      If yes, please list _____				

**FAMILY DATA**

<b>FATHER/GUARDIAN</b> - First, Middle & Last Name:			<b>MOTHER/GUARDIAN</b> First, Middle, Last & Maiden Name:		
Residence - <b>Mailing</b> Address: PO Box/Street: City/State/Zip:			Mailing Address (if different from Father/Guardian): PO Box/Street: City/State/Zip:		
County of Residence:			County of Residence:		
Home Phone:	Cell Phone:	Work Phone:	Home Phone:	Cell Phone:	Work Phone:
E-mail address:			E-mail address:		
Date & Place of Birth:			Date & Place of Birth:		
Religion:			Religion:		
Citizen: ___ yes ___ no			Citizen: ___ yes ___ no		
Living: ___ Deceased: ___			Living: ___ Deceased: ___		
Education:			Education:		
Occupation:			Occupation:		
Employer:			Employer:		
Employer Address:			Employer Address:		

**\*\* Please let the school office know when any information changes, especially addresses, phone numbers, and places of employment.**

*(Form continued on back)*

Family's special interests and activities:

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For the School Year **2019-2020**:

Please **List All** Children in the Family—**Birth through Grade 12**, who reside in your home:

NAME	GRADE	AGE on Aug. 1, 2019	DATE of BIRTH		NAME	GRADE	AGE on Aug. 1, 2019	DATE of BIRTH

List Names, Ages, and Relationship of others living in the home: \_\_\_\_\_

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**IMMUNIZATIONS:** Please **ATTACH a copy** of all immunizations of the child registering for HCCS. If your child has had any of the following diseases, please **list the year** he/she had it:

CHILDHOOD DISEASE - YEAR	CHILDHOOD DISEASE - YEAR	CHILDHOOD DISEASE - YEAR
Chicken Pox	Diphtheria	Measles
Mumps	Pneumonia	Poliomyelitis
Rheumatic Fever	Scarlet Fever	Small Pox
Tuberculosis	Whooping Cough	

\* Asthma/Allergy or other health information: \_\_\_\_\_

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Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

**Previous School attended: check one**

Howells-Dodge Consolidated  Other, please list name: \_\_\_\_\_

**School Address:** *(You do not need to fill out the information below if previous school attended was HDC.)*  
This information is needed to send the Records Release Form.

PO Box/Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Position: \_\_\_\_\_

Contact's Phone #: \_\_\_\_\_

**Please return this form to:**  
**Howells Community Catholic School**  
**114 N 6<sup>th</sup> Street**  
**Howells, NE 68641**  
 Phone: 402-986-1689