



The Pharr Oratory of Saint Philip Neri School System

Student Information Record

(Please print clearly)

Date of Entrance _____
First Day of School

Student's Name _____ Date of Birth _____
Last First Middle Mo. Day Year

Social Security # _____

Sex: M _____ F _____ Student is _____ of _____ children _____
Rank Number Place of Birth (City, State, Country)

Student's Home Address _____ Home Phone _____
Street City/State/Zip

Father's Name _____
Last First Middle

Home Address _____ Home Phone _____
Street City/State/Zip

Mailing Address(USA required) _____
Street City/State/Zip

Employer _____ Occupation _____
(Physician, Lawyer, Teacher etc.)

Bus. Address _____ Bus. Phone _____
Street City/State/Zip

Mother's Name _____
Last First Maiden Name

Home Address _____ Home Phone _____
Street City/State/Zip

Mailing Address _____
Street City/State/Zip

Employer _____ Occupation _____
(Physician, Lawyer, Teacher, etc.)

Bus. Address _____ Bus. Phone _____
Street City/State/Zip

E-Mail Address (Required): Father _____ Mother _____

Family and Religious Information

Parent's Marital Status: ___ Married ___ Divorced* ___ Separated ___ Single

*Court certified copy of divorce decree or any court document giving custodial or visitation rights are required to be on file with the school office.

Child Lives With: ___ Both Parents ___ Father Only ___ Mother Only

Parent/Step-parent _____ Other _____

Country of Citizenship _____ If not U.S: Type of Visa _____ Passport # _____
Name of Step-parent Name and Relationship

Will you be needing a SEVIS I-20 Form: *YES _____ NO _____

* An International Student Information Form (Student Visa) should be completed.

Ethnicity: ___ Hispanic ___ Black ___ Asian ___ Native American ___ Other _____
Specify

Sacrament	Date	Church	City and State
Baptism			
Reconciliation			
Holy Eucharist			
Religion of:	If Catholic, Parish and City	Other Religion (Specify)	
Student			
Father			
Mother			

EMERGENCY AND AUTHORIZATION CARD
(Please print clearly)

Student	D.O.B.
Home Address	Home Phone
Mother's Name	Home Phone
Employer	Bus. Phone
Father's Name	Home Phone
Employer	Bus. Phone
Emergency Contact (Person to notify if parent cannot be reached)	Relationship
Home Phone	Bus. Phone

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Oratory Academy / Athenæum to transport my child to the physician/hospital below and I give consent for any and all necessary treatment while in their care:

Physician	Address	Phone
Or to (hospital/clinic)	Address	Phone
Insurance Company	Insured Parent	Policy Number

X _____
Signature of Parent or Legal Guardian Date

AUTHORIZATION FOR RELEASE OF CHILD FOR PK-6th (7TH - 12TH GRADE COMPLETE ATTACHED FORM)

My child may **only** be released to:

Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____
Name/Relationship _____	Home Phone _____	Bus. Phone _____

X _____
Signature of Parent or Legal Guardian Date