

# Student Intake Form

**Student Placement Center**  
2102 University Avenue West  
Saint Paul, MN 55114-1806  
651-632-3701 main  
651-632-3704 fax



Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Student's Legal Name:** \_\_\_\_\_  
Last First Middle

Goes by Name (if different): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Home Language: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity: Hispanic? Yes  No  Race (s):  American Indian  Asian  African American  Pacific Islander  White

Lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First and Last Name(s)

Address: \_\_\_\_\_  
Street Apartment # City State Zip Code

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Last First Relationship

Student's Social Security Number: \_\_\_\_\_  
(optional)

Please complete if different from above:

Parent 1: \_\_\_\_\_  
Last First Relationship

Parent 2: \_\_\_\_\_  
Last First Relationship

**Legal Guardian:** \_\_\_\_\_  
(if applicable) Last First Relationship

Address: \_\_\_\_\_  
Street Apartment# City State Zip

Home Phone: \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ Public School  Private School

Last School Address: \_\_\_\_\_  
Street City State Zip Code

Last School Phone: \_\_\_\_\_ Last School Fax: \_\_\_\_\_

Last Grade: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_ Special Ed.? Yes  No  504 Plan?

Last School in Saint Paul: \_\_\_\_\_ Grade: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Last School in Minnesota: \_\_\_\_\_ Grade: \_\_\_\_\_ Month/Year: \_\_\_\_\_

**Siblings (school age and non-school age in the same household): (if more than 2 siblings, please use additional sibling form)**

\_\_\_\_\_ Last First Middle Gender Date of Birth Home Language  
Ethnicity: Hispanic? Yes  No  Race (s):  American Indian  Asian  African American  Pacific Islander  White

\_\_\_\_\_ Last First Middle Gender Date of Birth Home Language  
Ethnicity: Hispanic? Yes  No  Race (s):  American Indian  Asian  African American  Pacific Islander  White

Comments: \_\_\_\_\_

School/Program Sending in Student Intake Form: Maternity of Mary - St. Andrew School #850