

Edit member details (Gracie Adrew) [View](#) | [Add/Edit Profile Fields](#)

[Update Family](#)

This profile was last updated on: 3/4/2014 12:56:55 AM

Review details below, make any changes and click the **[Update]** button in the page.
To make same changes to multiple profiles, update one profile and click **[Update Family]**.

Name:
Salutation First Name* Middle Name Last Name* Suffix

Nick Name:

Member type: Student Parent Teacher Admin Vendor Other

Gender:

Date of Birth:

Address:
Street City State ZIP

<= Do not show my address to other parents.

Profile Photo: <= Do not show my profile photo to other parents.

Phone:
Home Work Mobile Mobile Carrier

Hide my phone number from other parents.

Home Phone Work Phone Mobile Phone

<= I want to receive only emergency text messages on mobile phone.

Email:

Additional Email:

<= Do not show my emails to other parents in online directory.

(Email addresses may be exposed in email page and email communication.)

[Student email cannot be updated by students and parents.]

Email notifications? Enable Disable (Enable to receive automatic notifications such as summary emails, sign up reminders and grade notifications.)

Edit Fields

Ethnicity [Edit Fields](#)

Drop down

Religion [Edit Fields](#)

Drop down

Default [Edit Fields](#)

Race

Ethnicity

Religion

Medical Information [Edit Fields](#)

Physician's Name
Salutation FirstName LastName

Physician's Address
Address1 City State Zip Country

Physician's Phone

Dentist's Name

Salutation FirstName LastName

Dentist's Address

Address1 City State Zip Country

Dentist's Phone

Hospital Of Choice

Medical Insurance Name

Insurance ID Number

ALLERGIES (Food, drug, insect, other)

MEDICATION (List all prescribed or taken on a regular basis)

Asthma Medication:

Quick-relief medication

Inhaler medication

NEEDS/MODIFICATIONS

DIETARY (Needs/Restrictions)

PHYSICAL EDUCATION YES NO

PE Explain

INTERSCHOLASTIC SPORTS YES NO

Sports Explain

Diocesan data collection [Edit Fields](#)

Public School District

Specific Public School

Does the student receive busing Yes No

Free Lunch Yes No

Reduced Lunch Yes No

Is the student LEP Yes No

Is the student an immigrant Yes No

Is the student receiving services from public school personnel Yes No

Is the student ELL Yes No

Type of plan the student is on

- Written plan
- Services plan
- Academic support plan

Student receive state scholarships

- Autism scholarship
- Jon Peterson scholarship

EdChoice scholarship

What is the students specific disability

Was the student evaluated, but determined to be not eligible for services Yes No

Permanent Record [Edit Fields](#)

Enrollment Date

Birth Place

Graduation Date

Baptism Date

Baptism Church

Baptism Address
 City State

Reconciliation Date

Reconciliation Church

Reconciliation Address
 City State

Holy Eucharist Date

Holy Eucharist Church

Holy Eucharist Address
 City State

Confirmation Date

Confirmation Church

Confirmation Address
 City State

Withdrawal Date

Withdrawal Reason

If others specify

Transfer School

Transfer School Address
 City State

Constitutional Test - Passed Federal

Constitutional Test - Passed Federal - Date

Constitutional Test - Passed State

Constitutional Test - Passed State - Date

County

Member of groups:

- School
- Staff
- K
- 2
- 3
- 3D
- 5
- 6
- 7
- 1
- 4
- 8

- Include in following groups: (Check all that apply)
- View All Attendance
 - View All Grade
 - Chess Club
 - Drama Club
 - Basketball Team
 - t
 - 8th Pre-algebra
 - 8th Algebra
 - 8th Geometry
 - PTA
 - Parent Teacher Conferences

In class groups, except homeroom, render only resources with edit permission: Yes No

Manage Login:

Login Disabled :
 LoginId:

Profile Photos

[\[Upload Photo\]](#)

Member Associations:

Name	Relationship	Privileges	Edit/Remove Association
Dan Adrew [Update profile information]	Father	Can edit this profile	Edit Remove
Kelly Adrew [Update profile information]	Mother	Can edit this profile	Edit Remove

[Click here to add new association](#)