

PLEASE FILL OUT BOTH SIDES COMPLETELY AND RETURN



NEW STUDENT INFORMATION FORM

Date of Registration _____

Date of Entrance into school ____/____/20_____

Grade Level entering _____

Please Print

Child's Name _____ Male Female

Address _____
(Street) (City/Town) (State) (Zip)

Home Land Line Phone _____ Cell Phone _____

Birth Date ____/____/20_____ Birthplace _____

SS# _____ - _____ - _____ Public School District _____

Please check one: American Indian African American (non-Hispanic)
 Asian/ Pacific Islander Hispanic Caucasian

Last school attended _____ Grade _____

School address _____

Child lives with _____ Relationship to student _____

Parent/ Guardian (as you wish your name to appear on official communication)

Please circle one: M/M Dr Mr. Mrs. Miss Ms.

(Last Name) (First Name) (Middle)

Mailing Address _____
(Street) (City) (State) (Zip)

Medical Insurance Company _____ Policy Number _____

Parish Registered at _____ Envelope # _____

Student's Religion _____

Baptism: Date: _____ Church: _____ Location: _____
1st Communion: Date: _____ Church: _____ Location: _____
1st Penance: Date: _____ Church: _____ Location: _____
Confirmation: Date: _____ Church: _____ Location: _____

(OVER)

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Family Information

		Father		Mother		Parent Substitute	
Name	First						
	Last						
	Middle Initial						
Address	Street						
	City/Town						
	State/ Zip						
Email Address							
Year of Birth							
Birthplace	City						
	State						
Religion							
Citizenship (Country)							
Education: Last Grade							
Completed in School							
Occupation							
Place of Business							
	Address						
	Business Phone						
Other Languages Spoken in the Home							

Check all that apply:

Married:			
Deceased (date)			
Divorced			
Separated			
Remarried			
Single			

Other Children in the Family

Last Name	First Name	Date of Birth	School

(OVER)