



Information Form 2010-2011

Student Information

Last Name: _____
First Name: _____
Middle Name: _____
Social Security Number: _____
Registering for Grade: _____
Parent(s)/Guardian(s) _____
Street _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____ Cell: _____ Home: _____
Gender: _____
Birth Date: _____
Birthplace: _____
Nickname: _____
Ethnicity: _____
Language Spoken at Home: _____
Religion: _____
Date of Baptism: _____
Baptized at which church: _____
Date of first Communion: _____
Received first Communion at which church: _____
Date of first Reconciliation: _____
Received first Reconciliation at which church: _____
Date of Confirmation: _____
Confirmed at which church: _____

Medical Information

Doctor's Name: _____	Treatment for Allergies: _____
Doctor's Phone: _____	Health Problems: _____
Dentist's Name: _____	Treatment for Health Problems: _____
Dentist's Phone: _____	Glasses/Contacts? _____
Preferred Hospital: _____	Medical Ins. Co.: _____
Allergies: _____	Ins. Co. Phone: _____

Custodial Parent Information

Student Resides With: Both Parents Mother Father Legal Guardian Other _____

Custodial Parent 1

Marital Status: Married Divorced Separated Other _____

Parent Last Name: _____ Work City: _____
Parent First Name: _____ Work State: _____
Cell Phone: _____ Work Zip: _____
Employer/Occupation: _____ E-mail: _____
Home Phone: _____ Parent's Religion: _____
Work Phone: _____ Member of which Church: _____
Work Street Address: _____ Relationship to Student: _____

Spouse of Parent 1

Marital Status: Married Divorced Separated Other _____

Parent Last Name: _____ Work State: _____
Parent First Name: _____ Work Zip: _____
Cell Phone: _____ E-mail: _____
Employer/Occupation: _____ Parent's Religion: _____
Home Phone: _____ Member of which Church: _____
Work Phone: _____ Relationship to Student: _____
Work Street Address: _____ Home Street Address: _____
Work City: _____ Home City, State & Zip: _____

Non-Custodial Parent/Joint Custody Parent (where applicable)

Marital Status: Married Divorced Separated Other _____

Parent Last Name: _____ Work State: _____
Parent First Name: _____ Work Zip: _____
Cell Phone: _____ E-mail: _____
Employer/Occupation: _____ Parent's Religion: _____
Home Phone: _____ Member of which Church: _____
Work Phone: _____ Relationship to Student: _____
Work Street Address: _____ Home Street Address: _____
Work City: _____ Home City, State & Zip: _____

Emergency Information

Persons Authorized to care for child in the event parent cannot be reached. (Please place in order of contact desired):

1st Contact Name: _____ Phone: _____
2nd Contact Name: _____ Phone: _____
3rd Contact Name: _____ Phone: _____