

The following information is needed for school records. All information given will be considered confidential. Please call if there is a change in any of this information at any time during the year. **PLEASE PRINT**

STUDENT INFORMATION			
Student's Name	Middle	Sex:	Male Female
Grade: Age: Birthdate:		_ Rel	ligion: 🗌 Catholic 🗌 Other
Ethnicity: White Asian Black Hispa	anic 🗌 Am. India	an	
Place of Birth:City County	State		
Home Address:		Hor Zip	me Telephone:
PARENT/GUARDIAN INFORMATION			
Parent #1 Name:	F	Relationship	o: 🗌 Parent 🗌 Grandparent 🗌 Guardian
E-Mail Address:		_ Cell Phone:	
Place of Employment:		_ Work Phone:	
Parent #2 Name:	F	Relationship	o: 🗌 Parent 🗌 Grandparent 🗌 Guardian
E-Mail Address:	(ell Phone:	
Place of Employment:		_ Work Phone:	
Marital Status: Married Single Student Lives With: Father Mother	Both Parents]Guardian	
FAMILY INFORMATION			
Number of children in Family: Rank in Name: A Name: A Name: A Name: A	Age: Age: Age:	Grade: Grade:	St. Mary's Student? Yes No St. Mary's Student? Yes No St. Mary's Student? Yes No St. Mary's Student? Yes No
Family doctor to call in case of emergency or i	llness:		Phone:
Emergency Contacts: #1: #2:	Phone:		
Will bus transportation be required? Yes			
Parent#1 Signature		Parent #	2 Signature Date

In accordance with federal law this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.