

Last Name
First Name
Gender
Grade in Fall
Date of Birth
District of Residence
Home Address
City, State Zip
Mailing Address (if different)
Email Address
Home Phone
Hispanic or Latino yes/no
American Indian or Alaska Native yes/no
Asian yes/no
Black or African American yes/no
Native Hawaiian/other Pacific Islander yes/no
White yes/no
Father First & Last Name
Father Employer
Father Cell Phone Number
Father Home Phone Number
Father Work Phone
Mother First & Last Name
Mother Employer
Mother Cell Phone Number
Mother Home Phone Number
Mother Work Phone Number
Student's Religion
Home Parish & Location
Baptized yes/no & Date
Baptism Church & Location
First Reconciliation yes/no & Date
First Reconciliation church & Location
First Holy Communion yes/no & Date
First Holy Communion Church & Location
Additional email address
Additional home address
Emergency Contact Name & Relationship to Student
Emergency Contact Phone Number
Emergency Contact Name & Relationship to Student
Emergency Contact Phone Number
Doctor
Dentist
Special Medical Considerations
Allergies