



Date Entered:							
School Name:		Student Full Name:		Student ID#:		Gender:	
School City:		Student Birthdate:		Birthplace (City, St., Country):		Class of:	

Student Residential Address	City	County	Zip	Phone	Student Parish/City	Language Spoken at Home

Name of School Student Entered From	School City	School State	Type of School	Entering Grade
			<input type="checkbox"/> Parochial <input type="checkbox"/> Public <input type="checkbox"/> Home School <input type="checkbox"/> Other _____	

Existing Educational Support	Public School District of Residence	Name of Public School in Student Area	Miles to School
<input type="checkbox"/> IEP <input type="checkbox"/> Accommodation Plan			

Ethnicity								
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/Pacific Islands	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Unknown/Other	<input type="checkbox"/> Do Not Wish to Disclose

Sacraments	Date	Church, City, State
Baptism		
First Communion		
Confirmation		

Student Lives With	Last Name	First Name	Email Address	Occupation	Employer	Best Contact Number
<input type="checkbox"/> Natural Mother						
<input type="checkbox"/> Natural Father						
<input type="checkbox"/> Custodial M						
<input type="checkbox"/> Custodial F						
<input type="checkbox"/> Legal Guardian/Other						
<input type="checkbox"/> Parenting Plan/Custody Plan - Copy of plan needs to be provided to the school						

Parents/Custodial Parents	Religion	Parent Status
<input type="checkbox"/> Natural Mother		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Natural Father		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial M		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial F		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Legal Guardian/Other		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased

Other Children in the Household/List Names & Birthdates				
1.	2.	3.	4.	5.