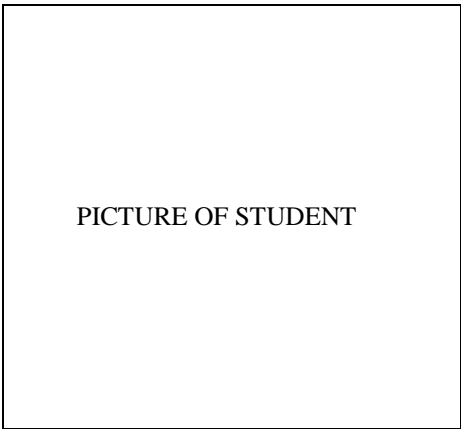


# STUDENT INFORMATION

Please submit 1 form per *Student*



PICTURE OF STUDENT

**Student's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade as of 9/01/11: \_\_\_\_\_

Religious School previously attended (if any) \_\_\_\_\_

Name of Public/Private School \_\_\_\_\_

Does your child have any physical or emotional conditions? \_\_\_\_\_

Other comments: \_\_\_\_\_

## FAMILY INFORMATION

**Mother's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_

**Family Email** \_\_\_\_\_

**Mother's Work Tel. #** \_\_\_\_\_

**Mother's Cell Phone** \_\_\_\_\_

**Father's Work Tel. #** \_\_\_\_\_

**Father's Cell phone #** \_\_\_\_\_

**Emergency Contacts:** \_\_\_\_\_

**Tel. #** \_\_\_\_\_

\_\_\_\_\_

**Tel. #** \_\_\_\_\_

**Guardian's Name (if applicable)** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Cell #** \_\_\_\_\_

**Email** \_\_\_\_\_

## SIBLINGS' NAMES

### AGE

### Enrolled in Religious School (Y or N)

### Grade

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