

GENERAL INFORMATION NEW STUDENTS

PLEASE BRING COPY OF BIRTH CERTIFICATE

CHILDS NAME _____
LAST FIRST MIDDLE

DATE OF BIRTH _____ PLACE OF BIRTH _____
MONTH/DATE/YEAR CITY/STATE

| | BAPTISM | 1 ST COMMUNION | CONFIRMATION |
|-------|---------|---------------------------|--------------|
| DATE | _____ | _____ | _____ |
| PLACE | _____ | _____ | _____ |
| CITY | _____ | _____ | _____ |

CHECK CONDITION AT HOME: NORMAL FOSTER HOME PARENTS SEPARATED
 MOTHER DECEASED FATHER DECEASED

HAS CHILD ANY KNOWN HEALTH OR EMOTIONAL PROBLEMS? EXPLAIN:

FATHERS FULL NAME _____ RELIGION _____

PLACE OF BIRTH _____ OCCUPATION _____

MOTHERS FIRST AND MAIDEN NAME _____ RELIGION _____

PLACE OF BIRTH _____ OCCUPATION _____

GAURDIAN NAME _____ OCCUPATION _____