

Type or print clearly

Elementary School Record

DATE: _____

Student Name _____ Gender _____
(Last) (First) (MI)

Address _____ City/Town _____ State _____ Zip _____

Phone Numbers: Home _____ Mother Cell _____ Father Cell _____

Email Addresses: Mother _____ Father _____

Place of Birth _____ Citizenship _____

Registered Parish _____ Location _____

Admitted from _____ Date _____ Grade _____
(School)

Location _____ Resident School District _____

Sacrament	Parish	Location	Date
Baptism			
Penance			
First Communion			
Confirmation			

	Name	Occupation	Religion
Father			
Mother			
*Guardian			

* Relationship of Guardian to child _____

Student's Home Life: Both Parents _____ One Parent _____

Parents separated or divorced _____ Father remarried _____ Mother remarried _____

Parental rights (if separated or divorced) _____

Sibling	DOB	*Status	Sibling	DOB	*Status

*Use a check to indicate if sibling does not reside at home.