



NEW STUDENT INFORMATION RECORD

This form is to be completed for each new student or sibling that have not attend this Catholic School before.

IMPORTANT: Each child attending a Diocese of Rochester Catholic School must have a completed form on file.

STUDENT INFORMATION (Please PRINT)

Date of Registration ___/___/___ Date of Entrance ___/___/___

Name of Child: _____ Grade Level Entering _____
First Middle Last

Birthdate: ___/___/___ Birthplace: _____ Gender: _____

Address: _____
Street City/Town State Zip

Public School District: _____

Ethnicity (Choose One)

- Asian African American Caucasian Hispanic American Indian Multi-Racial Pacific Islander Other

Choose one: Hispanic Non-Hispanic

LAST SCHOOL ATTENDED (Please PRINT)

School Name: _____ Last Grade: _____

Address _____ City/Town _____ State _____ Zip _____

RELIGIOUS INFORMATION (Please PRINT)

Student's Religion: _____ Parish _____

SACRAMENTS			
	DATE	CHURCH NAME	LOCATION
BAPTISM	/ /		
FIRST EUCHARIST	/ /		
FIRST PENANCE	/ /		
CONFIRMATION	/ /		

(Flip Over)





PARENT/GUARDIAN INFORMATION (Please PRINT.)

Child Lives With **(Please Choose)**: Parents or Legal Guardian

Relationship to Student: _____

Parents are **(Please Choose)**: Married Divorced Separated Single Remarried

FAMILY INFORMATION			
	FATHER	MOTHER (Maiden Name)	GUARDIAN
FULL NAME (INCLUDE Dr., Mr., Mrs., Ms., etc.)			
ADDRESS			
PHONE NUMBERS	Home: Cell: Work:	Home: Cell: Work:	Home: Cell: Work:
BIRTHPLACE			
YEAR OF BIRTH			
RELIGION			
CITIZENSHIP (COUNTRY)			
OCCUPATION			
OTHER LANGUAGES SPOKEN AT HOME			

OTHER CHILDREN LIVING IN YOUR HOME

CHILD'S <i>LAST</i> NAME	CHILD'S <i>FIRST</i> NAME	DATE OF BIRTH	SCHOOL ATTENDING	GRADE
		/ /		
		/ /		
		/ /		
		/ /		
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