



at Our Lady of Lourdes † Saint Anne
*We Are the Body of Christ
Building the City of God*

NEW STUDENT INFORMATION RECORD

Date of Registration ___/___/___ Date of Entrance ___/___/___ Grade Level Entering ___

Name of Child: _____ Male ___ Female ___
Last First

Address: _____
Street City/Town State Zip

Birthdate: ___/___/___ Birthplace: _____

Please Check One:

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

Last School Attended: _____ Grade: _____

Address _____
City/Town State Zip

Parents/Guardians: _____
Last Name(s) First Names

Mailing Address: _____
Street City/Town State Zip

Home Phone: _____ Cell #: _____ (m) Cell #: _____ (f)

Student's Religion: _____ Family Registered in _____ Parish/Church

Baptism: Date ___/___/___ Church _____ City/State _____

First Eucharist: Date ___/___/___ Church _____ City/State _____

First Penance: Date ___/___/___ Church _____ City/State _____

Confirmation: Date ___/___/___ Church _____ City/State _____

Family Information

Child's Name: _____

Grade Entering: _____

	Father	Mother	Parent Substitute
First Name			
Middle Initial			
Last Name			
		<i>Maiden Name:</i>	<i>Relationship:</i>
Street Address			
City/ Town			
State			
Zip Code			
Occupation			
Business Address			
Business Phone			
Date of Birth	___/___/___	___/___/___	___/___/___
Birthplace			
Citizenship			
Last Grade Completed			
Other Languages Spoken at Home			
Status <small>(Check all that apply)</small>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased (date_____) <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased (date_____) <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased (date_____) <input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Single

Other Children in the Family:

Date of Birth	Last Name	First Name	School Attending (if applicable)
___/___/___			
___/___/___			
___/___/___			
___/___/___			