



**NEW STUDENT INFORMATION RECORD**

This form is to be completed for each new student or sibling who has not attended 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
<b>FULL NAME</b> (INCLUDE Dr., Mr., Mrs., Ms., etc.)			
<b>ADDRESS</b>			
<b>PHONE NUMBERS</b>	Home:  Cell:  Work:	Home:  Cell:  Work:	Home:  Cell:  Work:
<b>BIRTHPLACE</b>			
<b>YEAR OF BIRTH</b>			
<b>RELIGION</b>			
<b>CITIZENSHIP</b> (COUNTRY)			
<b>OCCUPATION</b>			
<b>OTHER LANGUAGES SPOKEN AT HOME</b>			

**OTHER CHILDREN LIVING IN YOUR HOME**

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