

Family Information

2 of 2

Family Member 1 (This is the primary care taker of the student and resides with the student)

Title: _____ (Mr., Mrs., Dr., Ms., etc.)

What is this person's relationship to the student: (mother, step father, grand mother, aunt, etc)

First Name _____ Middle Initial ____

Last Name _____

Work Phone (____) ____ - _____ Phone Extension _____

Occupation _____

Employer _____

Home Phone (____) ____ - _____

Cell Phone (____) ____ - _____

Main E-mail Address _____ @ _____

Family Member 2 (the person listed here should reside at the same address as Family Member 1 and the student)

Title: _____ (Mr., Mrs., Dr., Ms., etc.)

What is this person's relationship to the student: (mother, step father, grand mother, aunt, etc)

First Name _____ Middle Initial ____

Last Name _____

Work Phone (____) ____ - _____ Phone Extension _____

Occupation _____

Employer _____

Home Phone (____) ____ - _____

Cell Phone (____) ____ - _____

DOCUMENTATION NEEDED – for verification purposes only, we are required to inspect the following original documents

ORIGINAL Birth Certificate

ORIGINAL Baptismal Certificate

ORIGINAL First Communion Certificate

Photo or duplicate copy of the latest Report Card

Standardized Test Results (grades 3 – 8)

Health Records (form given at registration to be filled out completely by your Physician)