

### Student Information

Family Last Name: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Date of Birth: \_\_\_\_\_ Gender: Male  Female

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student Resides with: Mother  Father  Stepmother  Stepfather  Grandmother  Grandfather  Other (Describe Relation) \_\_\_\_\_

Student Contact(s): Mother  Father  Stepmother  Stepfather  Grandmother  Grandfather  Other

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

### Medical Considerations

List any medical considerations while the Student is in class

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Academic Considerations

List any academic considerations while the Student is in class

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Sacraments Received

List the Sacraments the Student has already received.

Sacrament	Church	City/State	Date
Baptism			
1 <sup>st</sup> Penance			
1 <sup>st</sup> Eucharist			
Confirmation			