



**Student Information**

GRADE: 9 10 11 12

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street City State Zip Code

Birth Date: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ email: \_\_\_\_\_

Student resides with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_  
Name

Alternate Mailing Address for correspondence to be sent if not living with both parents:

\_\_\_\_\_  
Street City State Zip Code

**Statistical Information - Please check all that apply:** \_\_\_\_\_ Male \_\_\_\_\_ Female  
\_\_\_\_\_ Native America \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Caucasian  
Please check one of the following choices: \_\_\_\_\_ Catholic \_\_\_\_\_ Non-Catholic

**Parent Information – Please provide the following concerning the adult(s) with whom the student resides.**

Father’s Name:	Mother’s Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Business Address:	Business Address:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
E-mail Address:	E-Mail Address:

**Emergency Contact Information: If a parent or guardian cannot be located please list two emergency contacts.**

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:

**Doctor to be called in emergency -** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any diagnosed learning disabilities, health problems, allergies, etc. of which you wish us to be aware:

\_\_\_\_\_  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_