

STUDENT INFORMATION

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|--|--|--|--|--|
| Student's last name: | | First: | Middle: | Grade: |
| Street address: | | | Home phone no.: () | |
| City: | | | State | ZIP Code |
| Place of Birth: | | | Date of Birth / / | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No | Baptism Church: | City, State | | Baptism date: / / |
| Communion <input type="checkbox"/> Yes <input type="checkbox"/> No | Communion Church | City, State | | Comm. Date: / / |
| Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No | Confirmation Church | City, State | | Confirm Date / / |
| Previous School | | | ICS Church/Parish #: | Religion |
| Language Spoken at Home: | | Ethnicity | Scholarships | |
| Oldest Child CURRENTLY at ICS <input type="checkbox"/> Yes <input type="checkbox"/> No | | Marital status (circle one) Single / Mar / Div / Sep / Wid | | Custodial Parent: |
| Father's last name: | | First: | Middle: | Place of Birth: |
| Street address (If different from Student) | | | Personal Email: | |
| City: | | State | Zip Code | Work Email: |
| Place of Employment | | | Job Title/ Position | Are you an alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mother's Maiden last name: | | First: | Middle: | Place of Birth: |
| Street address (If different from Student) | | | Personal Email: | |
| City: | | State | Zip Code | Work Email: |
| Place of Employment | | | Job Title/ Position | Are you an alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step-Mother's Name | | Step-Father's Name | | Student's Social Security Number - - |
| EMERGENCY CONTACT INFORMATION | | | | |
| Father's Phone Numbers: Work: () Cell: () | | | Mother's Phone Numbers: Work: () Cell: () | |
| Emergency Contact Person | Relationship to Student: | Home phone no.: () | Work phone no.: () | |
| Emergency Contact Person | Relationship to Student: | Home phone no.: () | Work phone no.: () | |
| Emergency Contact Person | Relationship to Student: | Home phone no.: () | Work phone no.: () | |
| Doctor's Name: | | Office phone no.: () | Other phone no.: () | |
| Allergies: | | | | |
| Dismissal: | <input type="checkbox"/> Parent/Relative Pick-up <input type="checkbox"/> After School Program <input type="checkbox"/> Walk Home <input type="checkbox"/> Carpool with: _____ | | | |
| How did you hear about our school: | | | | |
| The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance. | | | | |
| _____ <i>Patient/Guardian signature</i> | | _____ <i>Print Name</i> | | _____ <i>Date</i> |