

## STUDENT INFORMATION

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
<b>Baptism</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Baptism Church:</b>	<b>City, State</b>		<b>Baptism date:</b> / /
<b>Communion</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Communion Church</b>	<b>City, State</b>		<b>Comm. Date:</b> / /
<b>Confirmation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Confirmation Church</b>	<b>City, State</b>		<b>Confirm Date</b> / /
Previous School			ICS Church/Parish #:	Religion
Language Spoken at Home:		Ethnicity	Scholarships	
Oldest Child <b>CURRENTLY</b> at ICS <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Marital status (circle one)</b> Single / Mar / Div / Sep / Wid		Custodial Parent:
<b>Father's last name:</b>		First:	Middle:	<b>Place of Birth:</b>
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
<b>Mother's Maiden last name:</b>		First:	Middle:	<b>Place of Birth:</b>
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 - -
<b>EMERGENCY CONTACT INFORMATION</b>				
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: _____			
<b>How did you hear about our school:</b>				
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>	