

I.D.# _____

St. Cecilia Elementary School

Diocese of Covington

School Year: _____

Grade: _____

Please type or print all information

all shaded areas are for office use only

STUDENT NAME: _____ (LAST, FIRST, MIDDLE) DATE OF ENTRANCE: _____

ADDRESS: _____ (STREET, CITY, STATE, ZIP) HOME TELEPHONE: _____

M _____ F _____ (CHECK ONE) RACE: _____ RELIGION: _____

SCHOOL NAME: _____ SCHOOL ADDRESS: _____

CHILD'S PLACE OF BIRTH: _____ (CITY, STATE, ZIP) CHILD'S DATE OF BIRTH: _____

CERTIFIED COPY OF BIRTH CERTIFICATE PRESENTED ON: _____ TO: _____ SOCIAL SECURITY #: _____

CURRENT FAMILY DATA

MOTHER (maiden name)		FATHER		PRE-SCHOOL:		
PARENT'S NAMES:						
MARITAL STATUS:	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	<input type="checkbox"/> WIDOWED <input type="checkbox"/> REMARRIED	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	<input type="checkbox"/> WIDOWED <input type="checkbox"/> REMARRIED
HOME ADDRESS:						
PHONE NUMBERS:	cell: _____	work: _____	cell: _____	work: _____		
EMAIL ADDRESS:						
RELIGION:						
OCCUPATION:						
PLACE OF BIRTH:						
DATE OF BIRTH:						
PARENTS EDUCATION:						
PARISH:						
STUDENT BAPTISM:						
<input type="checkbox"/> COPY RECEIVED	DATE: _____	CHURCH: _____	CITY: _____	STATE: _____	ZIP: _____	
STUDENT FIRST COMMUNION:						
	DATE: _____	CHURCH: _____	CITY: _____	STATE: _____	ZIP: _____	
STUDENT FIRST RECONCILIATION:						
	DATE: _____	CHURCH: _____	CITY: _____	STATE: _____	ZIP: _____	
STUDENT CONFIRMATION:						
	DATE: _____	CHURCH: _____	CITY: _____	STATE: _____	ZIP: _____	

PRE-SCHOOL ONLY:

SESSION:

3 YEAR _____

PRE-K _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

REG FEE PAID: _____

STUDENT NAME: _____ SCHOOL NAME: _____

OTHER SCHOOLS ATTENDED:

<u>SCHOOL:</u>	<u>ADDRESS:</u>	<u>CITY/STATE/ZIP:</u>	<u>ENTRANCE DATE:</u>	<u>WITHDRAWAL DATE:</u>	<u>REASON: # ONLY</u>

REASON FOR WITHDRAWING: 1) COMPLETED ELEMENTARY 2) MOVED 3) ILLNESS 4) PARENT CHOICE 5) OTHER

STUDENT LIVES WITH: _____

NOTES REGARDING THE CUSTODIAL PARENT:

List any other comments pertaining to your child which would be helpful to the teacher:
