



**STUDENT INFORMATION**

Name \_\_\_\_\_ Grade in 11/12 \_\_\_\_\_

Address \_\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

\_\_\_\_\_ Ethnicity \_\_\_\_\_  
City State Zip

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State

Phone (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

School now attending \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

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**RELIGION of:**

Student \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

**IF CATHOLIC STUDENT:**

Parish now attending \_\_\_\_\_ City \_\_\_\_\_

Baptism Date \_\_\_\_\_ Place \_\_\_\_\_  
Month Day Year Church City

1<sup>st</sup> Communion \_\_\_\_\_ Place \_\_\_\_\_  
Month Day Year Church City

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Number of Children in Family: Boys \_\_\_\_\_ Girls \_\_\_\_\_

**Brothers and Sisters attending or Graduates of St. Catherine of Siena School:**

Name Grade Or Year of Graduation

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- I understand that this form and the Emergency Information form are for my Child's permanent school record. Any changes must be made in writing to insure accuracy for the welfare of my child.

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Signature of Parent/Guardian  
(this sheet due as part of registration process)

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Date