



JOLIET DIOCESAN SCHOOL SYSTEM

Student Information Sheet

SCHOOL St. Mary Nativity CITY Joliet COUNTY Will

1. STUDENT INFORMATION:

NAME _____ SEX: M ___ F ___
LEGAL LAST NAME FIRST MIDDLE

ENTRANCE DATE _____ GRADE _____ RELIGION _____
MONTH/DAY/YEAR

FROM _____ CITY _____ STATE _____
NAME OF SCHOOL

BIRTHDATE _____ BIRTHPLACE _____ SOCIAL SECURITY# _____
MONTH/DAY/YEAR CITY STATE

ADDRESS _____ CITY _____ ZIP _____ PHONE () _____

WHAT PUBLIC SCHOOL WOULD YOU ATTEND? _____ DISTRICT # _____

HOW MANY MILES DO YOU LIVE FROM THE CATHOLIC SCHOOL?

HOME SITUATION: (CIRCLE THE NUMBER OF THE SITUATION THAT APPLIES)

- | | |
|--|---|
| 1. LIVING WITH BOTH PARENTS. | 7. PARENTS DIVORCED; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE) |
| 2. LIVING WITH SINGLE MOTHER/FATHER. (CIRCLE ONE) | 8. PARENTS DIVORCED; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) |
| 3. FATHER NOT LIVING; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER (CIRCLE ONE) | 9. LIVING WITH GUARDIANS WHO ARE RELATIVES. |
| 4. MOTHER NOT LIVING; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) | 10. OTHER _____ |
| 5. PARENTS SEPERATED; LIVING WITH MOTHER. | |
| 6. PARENTS SEPERATED; LIVING WITH FATHER. | |

IF #5 THROUGH #10 IS CIRCLED: WHO HAS CUSTODIAL RIGHTS?

2. FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ SOCIAL SECURITY# _____
LEGAL LAST NAME FIRST MIDDLE MAIDEN NAME

RELIGION _____ PARISH _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD
CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)

HOME PHONE () _____ WORK PHONE () _____

EMPLOYER _____ OCCUPATION _____ POSITION _____

3. MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ SOCIAL SECURITY# _____
LEGAL LAST NAME FIRST MIDDLE

RELIGION _____ PARISH _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD
CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)

HOME PHONE () _____ WORK PHONE () _____

EMPLOYER _____ OCCUPATION _____ POSITION _____

NAME OF CHILD _____

SACRAMENTS

BAPTISM:

Date _____ Church _____

City _____ State _____

RECONCILIATION:

Date _____ Church _____

City _____ State _____

HOLY EUCHARIST:

Date _____ Church _____

City _____ State _____

CONFIRMATION:

Date _____ Church _____

City _____ State _____

OTHER SCHOOL (S) ATTENDED

CITY & STATE

GRADES

| <u>OTHER SCHOOL (S) ATTENDED</u> | <u>CITY & STATE</u> | <u>GRADES</u> |
|----------------------------------|-------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature of Person Completing Form

Date

OFFICE USE ONLY

Withdrew: _____

Transferred to: _____
Name of School

City

State

Graduation: _____