



Archdiocese of Chicago Student Data Form



STUDENT INFO

Total Enrolled Children in Family (1, 2, 3, etc.) _____

Last Name _____

First Name _____

Middle Name _____

Date of Birth _____

Oldest or Only Child In School (Y/N) _____

Youngest or Only Child In School (Y/N) _____

Gender (M/F) _____

Student Hispanic/ Latino (Yes=1, No=0) _____

Race N=American Indian,
A=Asian, B=Black or
African American, M=Multi-racial,
P=Native Hawaiian/ Pacific Islander,
W=White

Country of Birth (If Not USA) _____

Year Immigrated (If Applicable) _____

Current Grade Level _____

Catholic=Catholic, NC=NonCatholic

Last School Attended _____

Public School Student Would Attend _____

Public District Student Would Attend _____

Student Lives With (Both Parents, Mother, etc.) _____

Address 1 _____

City _____

State _____

Zip Code _____

Address 2 (Only If Needed) _____

City _____

State _____

Zip Code _____

Home Phone _____

Is

SACRAMENTALS

Baptism Date _____

Baptism Church _____

Baptism City _____

Baptism State _____

Made First Reconciliation (Y/N) _____

Reconciliation Date _____

Reconciliation Church _____

Reconciliation City _____

Reconciliation State _____

First Communion Date _____

First Communion Church _____

First Communion City _____

First Communion State _____

Confirmation Date _____

Confirmation Church _____

Confirmation City _____

Confirmation State _____

PARENT INFO

Mother Title (Ms., Mrs., Dr.)

Mother's Name

Mother's Home Phone

Mother's Cell Phone

Mother's Email

Mother's Work Number

Mother's Place of Employment

Mother's Occupation

Mother's Work Address

Mother Alumna of School (Yes=1, No=0)

Father Title (Mr., Dr.)

Father's Name

Father's Home Phone

Father's Cell Phone

Father's Email

Father's Work Phone

Father's Place of Employment

Father's Occupation

Father's Work Address

Father Alumnus of School (Yes=1, No=0)

Guardian's Cell Phone

Guardian's Email Address

Guardian's Name

Guardian Day Phone

Guardian Place of Employment

Guardian Occupation

Guardian Work Phone

Guardian Work Address

Is this family a parishioner (Y/ N)

Parent's Marital Status

Step-Mother's Name (if applicable)

Step-Father's Name (if applicable)

Envelope Number

Parish Where Family Is a Member

Parents agree to share parent contact information with Archdiocesan

High Schools(Do not share=0)

EMERGENCY INFO

Doctor Name

Doctor Phone Number

Dentist Name

Dentist Phone

Emergency Contact # 1

Relationship

Phone Type (Home, Cell, Work)

Phone Number

Emergency Contact # 2

Relationship

Phone Type

Phone Number

Allergies

Medical Considerations

Medical Alert Text to Show In

PowerSchool

Signature: _____