

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