

Please fill out one Student Information Sheet for each student registered.

STUDENT INFORMATION SHEET
IMMACULATE CONCEPTION PARISH RELIGIOUS EDUCATION PROGRAM
Please fill out BOTH sides of this form.

Program Year: 2010-11
For Office Use Only
Grade/Session Assigned:

Family Surname: _____ Envelope # _____ Home Phone: _____
Family Address: _____ Town: _____ E-mail: _____
Cell Phone #: Mother: _____ Father: _____
Student's Name [Last] _____ [First] _____
Sex: _____ Date of Birth: _____ Place of birth: _____
Public School currently attending: _____ Grade entering in September: _____

SACRAMENTAL HISTORY

	Date	Church/Address
Baptism	_____	_____
Reconciliation	_____	_____
Eucharist	_____	_____
Confirmation	_____	_____

PREVIOUS RELIGIOUS EDUCATION

Parish: _____ Circle one: School Religious Education Program
Dates/Grades Attended: _____

FAMILY BACKGROUND:

Father's Full Name: _____ Mother's Full Name: _____
Father's Religion: _____ Mother's Maiden Name: _____
Father's Occupation: _____ Mother's Religion: _____
Father's Work Tel #: _____ Mother's Occupation: _____
Mother's Work Tel. #: _____

PARENTS' MARITAL STATUS:

Father [circle one] Married to Mother Single Parent Widower Divorced [single] Divorced [remarried]
Mother [circle one] Married to Father Single Parent Widower Divorced [single] Divorced [remarried]
Were parents married in a Catholic Church? [circle one] Yes No
If yes, Church Name: _____ City/State: _____
If no, was the proper dispensation received: Yes No

Child lives with [circle one] Both parents Mother Father Other: _____
If parents are separated, is there a court order preventing or limiting access of the non custodial parent? Yes No
If Yes, please give non-custodial parent's address _____ Phone # _____
If child lives with adult other than custodial parent or legal guardian, indicate relationship: _____

