

NEW STUDENT FORM

Today's Date _____

Child's Full Name _____

Name to be used at school _____ Boy ___ Girl ___ Grade entering _____

Present Age _____ Place of Birth _____ Date of Birth _____

Address _____ Phone _____

Child Lives With _____ Child's Religion _____

Child's Ethnicity (circle one): Hispanic / Non-Hispanic

Child's Race (circle all that apply): Asian, Black or African American, White,
American Indian or Alaska Native, Native Hawaiian or other Pacific Islander

School Last Attended _____

School Address if other than Effingham Schools _____

Baptism: Date _____ Church _____ City _____

First Communion: Date _____ Church _____ City _____

Confirmation: Date _____ Church _____ City _____

Father's Full Name _____

Place of work _____ Work # _____

Place of Birth _____ Religion _____

Mother's Full Name (include maiden name) _____

Place of work _____ Work # _____

Place of Birth _____ Religion _____

(Please check those that apply.)

Father is: Deceased ___ Divorced ___ Remarried ___ If Remarried, Spouse Name _____

Mother is: Deceased ___ Divorced ___ Remarried ___ If Remarried, Spouse Name _____

Are you registered in Sacred Heart Parish? Yes ___ No ___

If not, what parish/church do you attend? _____