

HOLY FAMILY STUDENT INFORMATION FORM

Grade in Aug \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_  
Last First Middle

BIRTH: \_\_\_\_\_  
Month Day Year Birth City Birth State

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Street City, St Zip Code

RELIGION: \_\_\_\_\_ SEX \_\_\_\_\_ REGISTERED MEMBERS OF: \_\_\_\_\_  
(Parish)

FATHER: NAME: \_\_\_\_\_ LIVING ( ) DECEASED ( )  
Last First

OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELIGION: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_ RACE: \_\_\_\_\_

MOTHER: NAME: \_\_\_\_\_ LIVING ( ) DECEASED ( )  
Maiden Name First

OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELIGION: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_ RACE: \_\_\_\_\_

MARITAL STATUS: ( ) Married ( ) Separated ( ) Divorced ( ) Remarried ( ) Single ( ) Other:

CHILD LIVES WITH: \_\_\_\_\_

SCHOOL LAST ATTENDED: \_\_\_\_\_  
Name Address

DO YOU GIVE HFE PERMISSION TO SEEK MEDICAL CARE IN EVENT OF AN EXTREME EMERGENCY FOR YOUR CHILD? (you will always be contacted *first*) YES ( ) NO ( )

IS EITHER PARENT EMPLOYED BY HOLY FAMILY OR TMP-MARIAN? YES ( ) NO ( )

IS EITHER PARENT A TMP-MARIAN ALUMNI? YES ( ) NO ( )

DO YOU HAVE CHILDREN CURRENTLY ATTENDING HFE OR TMP NOW? YES ( ) NO ( )

THEIR NAMES: \_\_\_\_\_

WOULD YOU LIKE TO PLACE YOUR YOUNGER CHILDREN ON OUR PRESCHOOL WAITING LIST? ( ) YES ( ) NO (If YES, we will send home a preschool reservation form with your older child.)

DATE OF BAPTISM: \_\_\_\_\_ CHURCH: \_\_\_\_\_ CITY/ST: \_\_\_\_\_  
Month Day Year

FIRST COMMUNION: \_\_\_\_\_ CHURCH: \_\_\_\_\_ CITY/ST: \_\_\_\_\_  
Month Day Year

*\*Please complete forms in full – if you need to check religious dates, please call back with this info ASAP! Thanks!\**