

STUDENT INFORMATION FORM
St. Joseph School – Upland, CA 91786

Today's Date: _____

Student's Name: _____ Gr. for Fall: _____ Gender: _____
Last First Middle

Home Phone: _____ Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Email Address: _____ Father's Email Address: _____

Address: _____
Street City Zip Code

_____ Date of Birth _____ Place of Birth

Ethnic Heritage – Please Circle Choice(s)

American or Alaskan Indian Native Asian Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander White Other ()

_____ Baptism Date _____ Church _____ City _____ State _____ Country

Father's Name: _____
Last First Middle

Father's Birth Place: _____ Father's Religion: _____

_____ Father's Business Name _____ Address _____ City _____ Zip Code _____ Work Phone

Father's Occupation: _____

Mother's Name: _____
Last First Middle

Mother's **Maiden Name**: _____

Mother's Birth Place: _____ Mother's Religion: _____

_____ Mother's Business Name _____ Address _____ City _____ Zip Code _____ Work Phone

Mother's Occupation: _____

Home Conditions: Child lives with: _____

2 Parent Home () 1 Parent Home () Foster Home () Parent(s) Deceased () Mixed Religion ()

Joint Custody 2 Homes () ***If Joint Custody, provide address below. Mother's () or Father's address ()?**

_____ Name of Parish where registered/active: _____

_____ Name of Parish where you reside: _____

_____ Last School Attended _____ Address _____ City & State _____ Phone _____ Entrance Date