

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 Two or More Race()

_____ **Baptism Date** _____ **Church** _____ **City** _____ **State** _____ **Country**

Father's Name: _____
First Middle Last

Father's Birthplace: _____ Father's Religion: _____

Father's Employer: _____ Father's Occupation: _____

Employer's Address: _____ Work Phone: _____

Mother's Name: _____
First Middle Last

Mother's *Maiden Name*: _____

Mother's Birthplace: _____ Mother's Religion: _____

Mother's Employer: _____ Mother's Occupation: _____

Employer's Address: _____ Work Phone: _____

Home Conditions: Child lives with: _____

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

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