



JOLIET DIOCESAN SCHOOL SYSTEM
Student Information Sheet

SCHOOL St. Pius X Parish School CITY Lombard COUNTY DuPage

STUDENT NAME LEGAL LAST NAME FIRST MIDDLE SEX: M F

ENTRANCE DATE MONTH/DAY/YEAR GRADE * If Preschool, circle: 3-yr. old(2 days), 4-yr. old(3 days), Pre-K(4 days)*
If Kindergarten, circle: A.M., or Full Day

FROM CITY STATE
NAME OF SCHOOL

BIRTHDATE MONTH/DAY/YEAR BIRTHPLACE CITY STATE RELIGION

ADDRESS CITY ZIP PHONE ()

WHAT PUBLIC SCHOOL WOULD YOU ATTEND? DISTRICT #

HOW MANY MILES DO YOU LIVE FROM THE CATHOLIC SCHOOL?

HOME SITUATION: (CIRCLE THE NUMBER OF THE SITUATION THAT APPLIES)
1. LIVING WITH BOTH PARENTS.
2. LIVING WITH SINGLE MOTHER/FATHER. (CIRCLE ONE)
3. FATHER NOT LIVING; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE)
4. MOTHER NOT LIVING; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE)
5. PARENTS SEPERATED; LIVING WITH MOTHER.
6. PARENTS SEPERATED; LIVING WITH FATHER.
7. PARENTS DIVORCED; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE)
8. PARENTS DIVORCED; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE)
9. LIVING WITH GUARDIANS WHO ARE RELATIVES.
10. OTHER
IF #5 THROUGH #10 IS CIRCLED: WHO HAS CUSTODIAL RIGHTS?

FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME LEGAL LAST NAME FIRST MIDDLE E-Mail

RELIGION PARISH

HOME ADDRESS CITY STATE ZIP
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH CITY STATE EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD
(CIRCLE HIGHEST GRADE COMPLETED)

PHONE: HOME () CELL () WORK ()

EMPLOYER OCCUPATION POSITION

MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME LEGAL LAST NAME FIRST MIDDLE MAIDEN NAME E-mail:

RELIGION PARISH

HOME ADDRESS CITY STATE ZIP
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH CITY STATE EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD
(CIRCLE HIGHEST GRADE COMPLETED)

PHONE: HOME () CELL () WORK ()

EMPLOYER OCCUPATION POSITION

PLEASE TURN OVER TO COMPLETE

NAME OF CHILD _____

Please list any other children living at home (please include ages):

Is your child receiving any outside services (ex. Speech, O.T., etc.)?

Please indicate the racial classification of your child: *(This information is requested by the State of Illinois, the Diocese of Joliet, and the National Catholic Education Association and is used for statistical purposes only.)*

_____ White, not of Hispanic origin
_____ Hispanic
_____ Asian or Pacific Islander

_____ Black, not of Hispanic origin
_____ American Indian or Alaskan Native
_____ Multi-racial

SACRAMENT INFORMATION:

	<u>Date</u>	<u>Church</u>	<u>City & State</u>
BAPTISM			
RECONCILIATION:			
HOLY EUCHARIST:			
CONFIRMATION:			

Other School(s) attended:

City & State

Grade(s)

Signature of Person Completing Form

Date

Printed Name of Person Completing Form