

SAINT MARY SCHOOL – Family Cumulative Record

Family Name: _____ Today's Date: ____/____/20____

Address: _____ City _____ Zip Code _____ Public School Dist. _____

Father's Name _____ Saint Mary Parishioner: Yes ___ No ___

Mother's Name _____ Religion _____

Home Phone _____ Parents are: Married ___ Divorced ___ Widowed ___ Single ___ Remarried ___

Ethnicity: (Circle one) White Non Hispanic Asian African-American Hispanic Bi-Racial American Indian

Father Cell: _____ Father Work: _____ Father Email: _____

Mother Cell: _____ Mother Work: _____ Mother Email: _____

Languages spoken at home: _____ Primary Email: _____

STUDENT INFORMATION

Oldest Last Name _____ First Name _____ Middle _____ Current Grade ____

Birth Date _____ Place of Birth _____ Gender _____ (Attach birth certificate)

Date of Baptism _____ Church _____ City _____ (Attach baptismal certificate)

Allergies, chronic illnesses, asthma, etc. _____

#2 Last Name _____ First Name _____ Middle _____ Current Grade ____

Birth Date _____ Place of Birth _____ Gender _____ (Attach birth certificate)

Date of Baptism _____ Church _____ City _____ (Attach baptismal certificate)

Allergies, chronic illnesses, asthma, etc. _____

#3 Last Name _____ First Name _____ Middle _____ Current Grade ____

Birth Date _____ Place of Birth _____ Gender _____ (Attach birth certificate)

Date of Baptism _____ Church _____ City _____ (Attach baptismal certificate)

Allergies, chronic illnesses, asthma, etc. _____

#4 Last Name _____ First Name _____ Middle _____ Current Grade ____

Birth Date _____ Place of Birth _____ Gender _____ (Attach birth certificate)

Date of Baptism _____ Church _____ City _____ (Attach baptismal certificate)

Allergies, chronic illnesses, asthma, etc. _____

Emergency Contact _____ Relation _____ Phone _____

Parent Signature _____ Date _____ (Office use) _____