

308-632-6918 205 E. 23rd St Scottsbluff, NE 69361

Student Name:	

Place & Date of Birth:

			STUDENT IN	IFORMATION			
Residing with:							
Name		Address			Relationship	Phone	
Grade entering:	Public sch	ool district you reside	e in:				
Last school attended:		Rel	ease signed a	and dated to get reco	rds:		
			EARAII	Y DATA			
Father or Guardian:			FAIVIIL	Mother or Guardian:			
Name:				Name:			
Address:				Address:			
Date & Place of Birth:				Date & Place of Bi	irth:		
Phone:	Work/Cell:			Phone:	Work/ Cell:		
Religion:	Parish:	Parish:		Religion:	Parish:		
Language:	Occupa	Occupation:		Language:	Occupation:		
List all other children in your l	household from	birth to 21 years:					
Name:	Sex:	Date of Birth:	Age:	Place of Birth:	School Attending:		
			SACRA	MENTS			
Baptism (church)		State/ city		Date			
First communion (church)		State/ city		Date			