

OUR LADY OF PEACE SCHOOL

STUDENT INFORMATION SHEET

Date _____

STUDENT'S NAME: _____ SEX: M _____ F _____
LEGAL LAST NAME FIRST MIDDLE

ENTRANCE DATE _____ GRADE: **Kindergarten** Full Day _____ Half Day _____ RELIGION _____

BIRTH DATE ____/____/____ BIRTH PLACE _____ SOC. SEC. # _____

ADDRESS _____ CITY _____ ZIP _____ PHONE _____

RACE/ETHNIC DESIGNATIONS: White _____ Black _____ American Indian or Alaskan Native _____
Asian or Pacific Islander _____ Hispanic _____ Multi-Racial/Ethnic (please name) _____

PREVIOUS PRE-SCHOOL OR GRAMMAR SCHOOL _____

PUBLIC GRAMMAR SCHOOL IN YOUR DISTRICT _____ DISTRICT # _____

HOME SITUATION: (CIRCLE THE NUMBER THAT APPLIES)

- | | |
|--|--|
| 1. Living with both parents. | 6. Parents divorced; living with mother alone, or mother and stepfather. |
| 2. Parents separated; living with mother. | 7. Parents divorced; living with father alone, or father and stepmother. |
| 3. Parents separated; living with father. | 8. Living with guardians who are relatives. |
| 4. Father not living; living with mother alone, or mother and stepfather | 9. Living with single mother/father |
| 5. Mother not living; living with father alone, or father and stepmother | |

FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ SOC. SEC. # _____

LEGAL LAST NAME FIRST MIDDLE

RELIGION _____ PARISH _____ ENV. # _____

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

PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD MD

(CIRCLE HIGHEST GRADE COMPLETED) other

HOME PHONE _____ WORK PHONE _____ OCCUPATION _____

EMPLOYER _____ ADDRESS _____

MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ SOC. SEC. # _____

LEGAL LAST NAME FIRST MAIDEN NAME

RELIGION _____ PARISH _____ ENV. # _____

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

PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD MD

(CIRCLE HIGHEST GRADE COMPLETED)

other

HOME PHONE _____ WORK PHONE _____ OCCUPATION _____

EMPLOYER _____ ADDRESS _____

Office Use Only Date _____

Check Number _____ Amount _____

OLP BD _____ (12/08)