STUDENT RECORD INFORMATION

Pupil's Full Name _____
Last First Middle

Male/Female Catholic/Non-Catholic Birthdate _____

Oldest child in St. Martha School Yes/No Home Telephone _____

Address _____ Zip Code _____

Parent email Address _____

Father's Name _____ Religion _____

Place of Employment _____ Occupation _____

Business Phone _____ Cell Phone _____

Marital Status _____

Mother's Name (include maiden name) _____

Place of Employment _____ Occupation _____

Business Phone _____ Cell Phone _____

Marital Status _____Religion _____

Step-Father/Step-Mother/Guardian Name(s) _____

Place of Employment _____ Occupation _____

Business Phone _____ Cell Phone _____

Mom/Dad Honor Thy Child verification on file at St. Martha _____

Please share any information concerning child's health or special needs:

_____

_____

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