

ST. ROSE-McCARTHY CATHOLIC SCHOOL

1000 N. Harris St. • Hanford, CA 93230
Phone: (559) 584-2218 • Fax: (559) 584-0899
Website: www.strosemccarthy.com

INFORMATION UPDATE FORM

SCHOOL YEAR 2017-2018

(One Form per Family – Return w/Contract & Registration Fees)

Date Completed: ____/____/____

INFORMATION FOR OLDEST STUDENT IN THE FAMILY:

FAMILY NAME: _____ Grade: ____ [] Male [] Female DOB: ____/____/____

STUDENT'S

NAME: _____ email _____

First

Last

Address: _____ (____) _____ - _____

Number

Street

City/ ST/ Zip

Home Telephone #

Student Lives With: [] Father & Mother [] Mother [] Father [] Mother & Stepfather [] Father & Stepmother

[] Other: _____

FATHER'S INFORMATION:

First Name: _____ Last Name: _____ [] Stepfather

Employer: _____ Marital Status [] Married [] Separated [] Divorced [] Widower [] Single

Required Emergency Numbers: Work: (____) ____ - ____ Cell: (____) ____ - ____ email _____

Catholic: [] Yes [] No Parish: _____ Ethnicity: _____

MOTHER'S INFORMATION:

First Name: _____ Last Name: _____ [] Stepmother

Employer: _____ Marital Status [] Married [] Separated [] Divorced [] Widow [] Single

Required Emergency Numbers: Work: (____) ____ - ____ Cell: (____) ____ - ____ email _____

Catholic: [] Yes [] No Parish: _____ Ethnicity: _____

SIBLINGS ATTENDING ST. ROSE-McCARTHY:

	Full Name	DOB	Gender (circle one)	Grade
1		/ /	M F	
2		/ /	M F	
3		/ /	M F	
4		/ /	M F	