ST. ROSE-MCCARTHY CATHOLIC SCHOOL

1000 N. Harris St. • Hanford, CA 93230
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INFORMATION UPDATE FORM – RETURNING FAMILIES
SCHOOL YEAR 2018-2019
(One Form per Family)

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: _____

First Name:_____Last Name:_____ [ ] Stepfather

Address: _____ DOB: _____ SS#: _____

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

Required Emergency Numbers: Work:(___)____-_____ Cell:(___)_____-_____ email_____

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

First Name:_____ Last Name:_____ [ ] Stepmother

Address: _____ DOB: _____ SS#: _____

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

Required Emergency Numbers: Work:(___)____-_____ Cell:(___)_____-_____ email_____

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

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