

ST. MONICA SCHOOL
CONFIDENTIAL FAMILY/STUDENT INFORMATION

Student's Legal Name: _____

Home Address: _____

Home Telephone Number: _____

Student's Birth Date: _____

Child's Parents: _____
Father's Full Name

Mother's Full Name

Guardians: _____

Legal Custodians: _____

PLEASE COMPLETE ONLY IF PARENTS ARE: (Circle all that apply.)

Divorced Separated Remarried Widowed Unmarried

Individual with whom the child primarily lives: _____

Circle relationship: Father Mother Other (state relationship)

Does the parent with whom the child does not live have any Court Restrictions placed on his/her Parental Rights? Please circle: Yes No

If yes, what are the restrictions?
* _____

If the child lives with the remarried parent, is the parent's spouse the adoptive parent?
Please circle: Yes No

* PLEASE SUBSTANTIATE THESE ITEMS BY ATTACHING A COPY OF THE COURT ORDER/DIVORCE DECREE TO THIS FORM.

Signature: _____ Date: _____
(Parent/Legal Guardian)