

FAMILY INFORMATION FOR STUDENT CUMM CARD
 ST MARY'S SCHOOL - TRACY MN 56175
 507-629-3270

Name: _____ Sex: M F

Date of Birth: ___/___/___ Birth Place: City _____ State _____ Zip Code _____
 Social Security # Last 4 digits (_____)
 Address: _____

Phone Number: _____ Street _____ City, Zip Code _____
 Email Address: _____

Child resides with: ___ Parents ___ Mother ___ Father ___ Other: _____
 Language spoken at home: _____

	DATE	CHURCH	CITY	STATE
Baptism	/ /			
Frist Communion	/ /			
Confirmation	/ /			

Date pupil will enter school: ___/___/___ Grade _____

Transfer Students: _____
 School last attended: _____ School & Address _____ City _____ State _____

In what parish is your family registered? _____

	Father	Mother's Maiden Name
Parent's Name		
Religion		
Occupation		
Business Address		
Marital Status		

Parent's Signature: _____ Date ___/___/___