Diocese of Rochester
Catholic Schools
Faith. Academics. Community.

1150 Buffalo Road, Rochester, NY 14624 | dorschools.org

NEW STUDENT INFORMATION RECORD

This form is to be completed for each new student or sibling who has not attended this Catholic School before.

IMPORTANT: Each child attending a Diocese of Rochester Catholic School must have a completed form on file.

STUDENT INFORMATION (Please PRINT)

Date of Registration _____ Date of Entrance _____

Name of Child: _____ Grade Level Entering _____
First Middle Last

Birthdate: _____ Birthplace: _____ Gender: _____

Address: _____
Street City/Town State Zip

Public School District: _____

Ethnicity (Choose One)

◯ Asian ◯ African American ◯ Caucasian ◯ Hispanic ◯ American Indian ◯ Multi-Racial ◯ Pacific Islander ◯ Other

Choose one: ◯ Hispanic ◯ Non-Hispanic

LAST SCHOOL ATTENDED (Please PRINT)

School Name: _____ Last Grade: _____

_____
Address City/Town State Zip

RELIGIOUS INFORMATION (Please PRINT)

Student's Religion: _____ Parish _____

SACRAMENTS			
	DATE	CHURCH NAME	LOCATION
BAPTISM			
FIRST EUCHARIST			
FIRST PENANCE			
CONFIRMATION			

(Flip Over)

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PARENT/GUARDIAN INFORMATION (Please PRINT.)

Child Lives With **(Please Choose):** ◯ Parents or ◯ Legal Guardian

Relationship to Student: _____

Parents are **(Please Choose):** ◯ Married ◯ Divorced ◯ Separated ◯ Single ◯ Remarried

FAMILY INFORMATION			
	FATHER	**MOTHER** (Maiden Name) _____	**GUARDIAN**
FULL NAME (INCLUDE Dr., Mr., Mrs., Ms., etc.)			
ADDRESS			
PHONE NUMBERS	Home: Cell: Work:	Home: Cell: Work:	Home: Cell: Work:
BIRTHPLACE			
YEAR OF BIRTH			
RELIGION			
CITIZENSHIP (COUNTRY)			
OCCUPATION			
OTHER LANGUAGES SPOKEN AT HOME			

OTHER CHILDREN LIVING IN YOUR HOME

CHILD'S *LAST* NAME	CHILD'S *FIRST* NAME	DATE OF BIRTH	SCHOOL ATTENDING	GRADE