

ST. MATTHEW CATHEDRAL SCHOOL
SOUTH BEND, INDIANA

STUDENT INFORMATION FORM

Please complete this STUDENT INFORMATION FORM and return it to school tomorrow.

STUDENT'S NAME _____ GRADE _____
Last First Middle ROOM _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ DATE OF STUDENT'S BIRTH _____

FATHER'S NAME _____
First Last

PLACE OF BUSINESS _____ BUSINESS PHONE _____
CELL PHONE _____

MOTHER'S NAME _____
First Last

PLACE OF BUSINESS _____ BUSINESS PHONE _____
CELL PHONE _____

Is this student the YOUNGEST or ONLY child at St. Matthew School? Yes _____ No _____

Is your family registered at Saint Matthew Parish? Yes _____ No _____

If not, your parish or church affiliation is _____
Church City

PERSON (S) TO CONTACT IN CASE OF AN EMERGENCY, WHEN PARENTS CANNOT BE REACHED:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

SPECIAL HEALTH NEEDS OF WHICH WE SHOULD BE AWARE _____

(Parent's Signature)