

FAMILY INFORMATION

Child lives with: Both parents Mother Father Other: _____

	MOTHER/GUARDIAN 1	FATHER/GUARDIAN 2
First and Last Name		
Home Address (if different from student)		
Home Phone (if different from student)		
Cell Phone		
Work Phone		
Email Address		
Occupation		
Employer Name		
Employer Address		
Religion		
Place of Birth		
U.S. Citizen	Yes No	Yes No
St. Veronica Alumni	Yes - Year graduated _____ No	Yes - Year graduated _____ No

Sibling Information: (Please list all other children in the family.)

Name	Age	Grade	Present School

☐ Family is registered at St. Veronica Catholic Church

☐ Family is registered at another parish: _____

☐ Family is non-Catholic

On a separate page, please state why you wish to enroll your child at St. Veronica Catholic School and if there is anything else you feel the school should know about your family or your child that will help determine if St. Veronica Catholic School is a good educational fit for your child.

Signature

Date