

ST. JAMES CATHOLIC SCHOOL
 FAMILY PROFILE INFORMATION 2011-2012
Please print clearly

_____ **Child's Last Name**
 _____ **Family Name** (if different than child's name)

GRADE PS – 5th Student Information

Child(ren)'s Legal Name (First, Middle & Last)	Grade in Sept. 2011	Male/ Female	Date of Birth

Parent Information

Father		Mother	
Address		Address	
City, State/Zip		City, State/Zip	
Phone ()	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Phone ()	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
Phone ()	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Phone ()	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
Phone ()	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell	Phone ()	<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell
E-mail		E-mail	
E-mail in Directory	Please check yes or no for email in the directory. YES ___ NO ___	E-mail in Directory	Please check yes or no for email in the directory. YES ___ NO ___
Employer		Employer	
Occupation		Occupation	
Race/Ethnic Origin	W-Caucasian H-Hispanic B-Afro. American M-Multi-Racial A-Asian/Pacific Islander I-Amer. Indian/Alaskan Native	Race/Ethnic Origin	W-Caucasian H-Hispanic B-Afro. American M-Multi-Racial A-Asian/Pacific Islander I-Amer. Indian/Alaskan Native

Family Information

Child(ren) live with (Please check the appropriate boxes) :

- Mother and Father Father Mother Parents Separated
Parents divorced – Joint custody Parents divorced – Sole custody Father
Parents divorced – Sole custody Mother Other: _____
Mother deceased Father deceased

If you are new to St. James, please tell us how you heard about our school.

_____ **Child's Last Name**

_____ **Family Name** (if different than child's name)

Parish & Public School Information

Parish Affiliation: (Please list in the box at the right the parish at which you are a registered parishioner) <input type="checkbox"/> Catholic <input type="checkbox"/> Non Catholic	
Public School / District: (Please list the school and district your child would attend if not at St. James)	School: _____ District: _____

Photo Release Authorization: *(please check the box to authorize)*

I authorize my child/ren to be photographed, videotaped or audio taped in connection with the education program and activities for St. James School. I consent to the public display of such photograph, videotape, or audiotape images in connection with St. James School and the Archdiocese of Oregon programs and activities.

Mother Printed Name _____ **Signature** _____

Father Printed Name _____ **Signature** _____

SACRAMENTAL INFORMATION

Please fill in the Sacraments your child/ren have completed

Student Name: Last: _____ **First:** _____ **Middle:** _____

Sacraments Received by Student:

_____ Baptism Date: _____ Church: _____ City/State: _____
_____ First Communion Date: _____ Church: _____ City/State: _____
_____ Reconciliation Date: _____ Church: _____ City/State: _____

Student Name: Last: _____ **First:** _____ **Middle:** _____

Sacraments Received by Student:

_____ Baptism Date: _____ Church: _____ City/State: _____
_____ First Communion Date: _____ Church: _____ City/State: _____
_____ Reconciliation Date: _____ Church: _____ City/State: _____

Student Name: Last: _____ **First:** _____ **Middle:** _____

Sacraments Received by Student:

_____ Baptism Date: _____ Church: _____ City/State: _____
_____ First Communion Date: _____ Church: _____ City/State: _____
_____ Reconciliation Date: _____ Church: _____ City/State: _____

Student Name: Last: _____ **First:** _____ **Middle:** _____

Sacraments Received by Student:

_____ Baptism Date: _____ Church: _____ City/State: _____
_____ First Communion Date: _____ Church: _____ City/State: _____
_____ Reconciliation Date: _____ Church: _____ City/State: _____