

St. Vincent Catholic Schools – Family Census Information

Please complete one form per family K-12 to be turned in at either school.

Student #1: _____ Male Female Catholic Non-Catholic Grade: _____

Birthday: _____ Ethnicity: _____ Parish Membership: _____

List student #1's parents in the order you would like to be contacted in the event parent contact is necessary.

Parent: _____ Email: _____ Phone : C: _____ H: _____ W: _____ Occupation: _____ Place of Employment: _____ Home Address: _____ _____	Parent: _____ Email: _____ Phone : C: _____ H: _____ W: _____ Occupation: _____ Place of Employment: _____ <input type="checkbox"/> Check if home address is same Home Address: _____ _____
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Student lives with (circle all that apply): Both Parents Mother Father Other: _____

List two alternate people you authorize to pick up your child at school in the event of accident/illness.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Student #2: _____ Male Female Catholic Non-Catholic Grade: _____

Birthday: _____ Ethnicity: _____ Parish Membership: _____

List student #2's parents in the order you would like to be contacted in the event parent contact is necessary.

Check if parent information is same as listed above.

Parent: _____ Email: _____ Phone : C: _____ H: _____ W: _____ Occupation: _____ Place of Employment: _____ Home Address: _____ _____	Parent: _____ Email: _____ Phone : C: _____ H: _____ W: _____ Occupation: _____ Place of Employment: _____ <input type="checkbox"/> Check if home address is same Home Address: _____ _____
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Student lives with (circle all that apply): Both Parents Mother Father Other: _____

List two alternate people you authorize to pick up your child at school in the event of accident/illness.

Check if emergency contact information is same as listed above.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Student #3: _____ Male Female Catholic Non-Catholic Grade: _____

Birth day: _____ Ethnicity: _____ Parish Membership: _____

List student #3's parents in the order you would like to be contacted in the event parent contact is necessary.

Check if parent information is same as listed above.

Parent: _____ Email: _____ Phone : C: _____ H: _____ W: _____ Occupation: _____ Place of Employment: _____ Home Address: _____ _____	Parent: _____ Email: _____ Phone : C: _____ H: _____ W: _____ Occupation: _____ Place of Employment: _____ <input type="checkbox"/> Check if home address is same Home Address: _____ _____
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Student lives with (circle all that apply): Both Parents Mother Father Other: _____

List two alternate people you authorize to pick up your child at school in the event of accident/illness.

Check if emergency contact information is same as listed above.

Name: _____ Phone: _____

Name: _____ Phone: _____

Student #4: _____ Male Female Catholic Non-Catholic Grade: _____

Birth day: _____ Ethnicity: _____ Parish Membership: _____

List student #4's parents in the order you would like to be contacted in the event parent contact is necessary.

Check if parent information is same as listed above.

Parent: _____ Email: _____ Phone : C: _____ H: _____ W: _____ Occupation: _____ Place of Employment: _____ Home Address: _____ _____	Parent: _____ Email: _____ Phone : C: _____ H: _____ W: _____ Occupation: _____ Place of Employment: _____ <input type="checkbox"/> Check if home address is same Home Address: _____ _____
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Student lives with (circle all that apply): Both Parents Mother Father Other: _____

List two alternate people you authorize to pick up your child at school in the event of accident/illness.

Check if emergency contact information is same as listed above.

Name: _____ Phone: _____

Name: _____ Phone: _____