

# St. Vincent Catholic Schools – Family Census Information

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

**Name:** \_\_\_\_\_ Male Female Catholic Non-Catholic Grade: \_\_\_\_\_

Birth day: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Parish Membership: \_\_\_\_\_

Student Phone: \_\_\_\_\_

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: \_\_\_\_\_

Check if home address is same

Home Address: \_\_\_\_\_  
\_\_\_\_\_

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:** \_\_\_\_\_