

ST. JAMES CATHOLIC SCHOOL
 FAMILY PROFILE INFORMATION 2017-2018
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. 2017	Male/ Female	Date of Birth

Parent Information

Father: Name		Mother:Name	
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 to be in the directory. YES ___ NO ___	E-mail in Directory	Please check yes or no for email to be 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

Language Spoken at Home _____

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

(Please turn over and fill out the back of the page)

_____ **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 <input type="checkbox"/> Baptized	Which Parish: Where was child(ren) Baptized:
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)
Yes No
 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 print or on websites, 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: _____