

**ST. JAMES CATHOLIC SCHOOL**  
 FAMILY PROFILE INFORMATION 2019-2020  
*Please print clearly*

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

**GRADE PS – 5<sup>th</sup> Student Information**

Child(ren)'s Legal Name (First, Middle & Last)	Grade in Sept. 2019	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. <b>YES</b> ___ <b>NO</b> ___	E-mail in Directory	Please check yes or no for email to be in the directory. <b>YES</b> ___ <b>NO</b> ___
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.

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

**Parish & Public School Information**

<b>Parish Affiliation:</b> (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:
<b>Public School / District:</b> (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: \_\_\_\_\_