

STUDENT/GUARDIAN INFORMATION FORM (Required for Registration - Please Print)

St. Francis High School
2130 W. Roosevelt Road
Wheaton, IL 60187
Phone#: (630) 668-5800
Fax#: (630) 668-5893

Today's Date: _____

Student ID#: _____
(For Office Use Only)

Date of Enrollment: _____ Year of Graduation: (Circle One) 2014 2013 2012 2011

Student Name: _____ (First) (MI) (Last) Nickname: _____ (Optional)

Address: _____ Home Telephone: _____
(Circle One) Listed Unlisted

City: _____ State: _____ Zip Code: _____

County: _____ Birth Information: Date: _____

Sex: (Circle One) Male Female City: _____

Social Security #: _____ / _____ / _____ State: _____

Religion: (Circle one.) Catholic Non-Catholic County: _____

Name of Parish: _____

Name of Elementary/Middle School Last Attended: _____ (Circle One) Public Private

Name of High School Last Attended (Transfer Students Only): _____ (Circle One) Public Private

1. Hispanic/Latino (Choose only one.)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

2. Race (Choose one or more, regardless of ethnicity status selected above.):

- American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
- Asian White
- Black or African American

Parent/Guardian Information:

(Father/Guardian)

(Mother/Guardian)

Name: _____
(First) (Last)

Name: _____
(First) (Last)

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Telephone: _____

Home Telephone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Employer Telephone/Ext.: _____

Employer Telephone/Ext.: _____

E-Mail Address: _____

E-Mail Address: _____

Parent/Guardian marital status: (Check One) Single
 Married
 Divorced
 Separated
 Widowed

Student resides with: (Check One) both parents. mother only.
 father only. mother and step-father.
 father and step-mother. guardian.

(Please complete other side.)

