



1150 Buffalo Road, Rochester, NY 14624 | dorschools.org

NEW STUDENT INFORMATION RECORD

This form is to be completed for each new student or sibling who has not attended this Catholic School before.

IMPORTANT: Each child attending a Diocese of Rochester Catholic School must have a completed form on file.

STUDENT INFORMATION (Please PRINT)

Date of Registration _____ Date of Entrance _____

Name of Child: _____ Grade Level Entering _____
First Middle Last

Birthdate: _____ Birthplace: _____ Gender: _____

Address: _____
Street City/Town State Zip

Public School District: _____

Ethnicity (Choose One)

- Asian
 African American
 Caucasian
 Hispanic
 American Indian
 Multi-Racial
 Pacific Islander
 Other
- Choose one:** Hispanic Non-Hispanic

LAST SCHOOL ATTENDED (Please PRINT)

School Name: _____ Last Grade: _____

Address _____
City/Town State Zip

RELIGIOUS INFORMATION (Please PRINT)

Student's Religion: _____ Parish _____

SACRAMENTS			
	DATE	CHURCH NAME	LOCATION
BAPTISM			
FIRST EUCHARIST			
FIRST PENANCE			
CONFIRMATION			

(Flip Over)



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PARENT/GUARDIAN INFORMATION (Please PRINT.)

Child Lives With **(Please Choose):** Parents or Legal Guardian

Relationship to Student: _____

Parents are **(Please Choose):** Married Divorced Separated Single Remarried

FAMILY INFORMATION			
	FATHER	MOTHER (Maiden Name)	GUARDIAN
FULL NAME (INCLUDE Dr., Mr., Mrs., Ms., etc.)			
ADDRESS			
PHONE NUMBERS	Home: Cell: Work:	Home: Cell: Work:	Home: Cell: Work:
BIRTHPLACE			
YEAR OF BIRTH			
RELIGION			
CITIZENSHIP (COUNTRY)			
OCCUPATION			
OTHER LANGUAGES SPOKEN AT HOME			

OTHER CHILDREN LIVING IN YOUR HOME

CHILD'S LAST NAME	CHILD'S FIRST NAME	DATE OF BIRTH	SCHOOL ATTENDING	GRADE

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Diocese of Rochester
Catholic Schools
Faith. Academics. Community.

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