

CLCS Family Information Card

School Year 2010-2011

_____ () _____
Last Name of Student(s) Home Phone

Last Name of person(s) with whom student(s) reside(s)

I. STUDENT INFORMATION:

1. Name _____ ()
Last First Middle Name Called

CLCS Grade _____ Sex _____ Birthdate ____/____/____ Social Security No. ____ - ____ - ____

No. of Years at CLCS _____ Co-Curricular activities, clubs, athletics: _____

2. Name _____ ()
Last First Middle Name Called

CLCS Grade _____ Sex _____ Birthdate ____/____/____ Social Security No. ____ - ____ - ____

No. of Years at CLCS _____ Co-Curricular activities, clubs, athletics: _____

3. Name _____ ()
Last First Middle Name Called

CLCS Grade _____ Sex _____ Birthdate ____/____/____ Social Security No. ____ - ____ - ____

No. of Years at CLCS _____ Co-Curricular activities, clubs, athletics: _____

4. Name _____ ()
Last First Middle Name Called

CLCS Grade _____ Sex _____ Birthdate ____/____/____ Social Security No. ____ - ____ - ____

No. of Years at CLCS _____ Co-Curricular activities, clubs, athletics: _____

II STUDENT PAST SCHOOL HISTORY

Name of School _____

School Address _____ City _____ State ____ Zip _____

Number of years attended _____

Name of School _____

School Address _____ City _____ State ____ Zip _____

Number of years attended _____

III. PARENT INFORMATION: Person(s) with whom student(s) reside(s)

Check here if address has changed

Father Step Father Guardian

Name _____ (_____)
Last First Middle Name Called

Address _____ Home Phone _____
Street City State Zip

E-Mail _____ Cell Phone _____ Fax _____

Job Title or Vocation _____ Firm Name _____

Business Address _____ Business Phone _____
Street City State Zip

Church Home _____ Pastor's Name _____

Are you a CLCS Alumnus? _____ Class of _____

Mother Step Mother Guardian

Name _____ (_____)
Last First Middle Name Called

Address _____ Home Phone _____
Street City State Zip

E-Mail _____ Cell Phone _____ Fax _____

Job Title or Vocation _____ Firm Name _____

Business Address _____ Business Phone _____
Street City State Zip

Church Home _____ Pastor's Name _____

Are you a CLCS Alumnus? _____ Class of _____

IV. GRANDPARENT INFORMATION

(Circle one) Mr. Mrs. Mr. & Mrs.

Name _____ Spouse _____

Address _____
Street City State Zip

Phone _____ E-Mail _____

(Circle one) Mr. Mrs. Mr. & Mrs.

Name _____ Spouse _____

Address _____
Street City State Zip

Phone _____ E-Mail _____