

GUIDANCE DEPARTMENT INFORMATION RECORD (CONFIDENTIAL)

NAME

(Last)

(First)

(Middle)

Address

(Number and Street)

(Town, State and Zip)

Tel. No. _____ Soc. Security No. _____

Birthplace _____ Birthdate _____

Student Citizen of _____ Lang. Spoken at home _____

Religion _____ Racial Group _____

(R C, Bapt, Mosl, etc.) (Wh, AfrAm, Hisp, Portu, Other)

(If parent is deceased please indicate)

(Father's Name)

(Mother's Name)

(Father's Birthplace)

(Mother's Birthplace)

(Occupation)

(Occupation)

(Name of Employer)

(Name of Employer)

(Business Address)

(Business Address)

(Business Tel. No.)

(Business Tel. No.)

(Father's highest level
of education completed)

(Mother's highest level
of education completed)

DO YOU LIVE WITH

Brothers Sisters

_____ Father and Mother
_____ Father only
_____ Mother only
_____ Guardian/Relative
(specify Grandmother, Uncle etc)

Ages _____
How many _____
At School _____
Are parents separated
or divorce? _____

Do you have a brother or relative who attends or did attend St. Benedict's
(Name) _____ Member Class of _____