

PRESCHOOL INFORMATION FORM 2017-2018 SCHOOL YEAR
POPE JOHN XXII ELEMENTARY SCHOOL
ARCHDIOCESE OF INDIANAPOLIS

Name _____
(as it appears on birth certificate) *Last* *First* *Middle*

Date of Birth _____ Gender _____ 3-year or 4-year preschool
Is the student Hispanic or Latino? YES/NO Student's Race (circle one below)
African-American, American Indian, Asian, Caucasian (white), Hispanic, Other, Pacific Islander

Parent/Guardian Contact #1 – Student lives with:

- | | | |
|--------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Mother | <input type="radio"/> Stepfather | <input type="radio"/> Aunt |
| <input type="radio"/> Father | <input type="radio"/> Stepmother | <input type="radio"/> Uncle |
| <input type="radio"/> Guardian | <input type="radio"/> Grandmother | <input type="radio"/> Sister |
| <input type="radio"/> Other | <input type="radio"/> Grandfather | <input type="radio"/> Brother |

Name _____
First *Last*

Home Address _____
Street/PO Box *City* *State* *Zip Code*

Home Phone _____ Cell Phone _____ Work Phone _____ Employer _____

Email (**this is the Primary Communication Tool**) _____

Parent/Guardian Contact #2

- | | | |
|--------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Mother | <input type="radio"/> Stepfather | <input type="radio"/> Aunt |
| <input type="radio"/> Father | <input type="radio"/> Stepmother | <input type="radio"/> Uncle |
| <input type="radio"/> Guardian | <input type="radio"/> Grandmother | <input type="radio"/> Sister |
| <input type="radio"/> Other | <input type="radio"/> Grandfather | <input type="radio"/> Brother |

Name _____
First *Last*

Home Address _____
Street/PO Box *City* *State* *Zip Code*

Home Phone _____ Cell Phone _____ Work Phone _____ Employer _____

Email (**this is the Primary Communication Tool**) _____

Parent/Guardian Contact #3

- | | | |
|--------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Mother | <input type="radio"/> Stepfather | <input type="radio"/> Aunt |
| <input type="radio"/> Father | <input type="radio"/> Stepmother | <input type="radio"/> Uncle |
| <input type="radio"/> Guardian | <input type="radio"/> Grandmother | <input type="radio"/> Sister |
| <input type="radio"/> Other | <input type="radio"/> Grandfather | <input type="radio"/> Brother |

Name _____
First *Last*

Home Address _____

Street/PO Box

City

State

Zip Code

Home Phone _____ Cell Phone _____ Work Phone _____ Employer _____

Email (**this is the Primary Communication Tool**) _____