

**FAMILY INFORMATION FORM  
2018-2019 SCHOOL YEAR  
SHAWE MEMORIAL JR./SR. HIGH SCHOOL  
ARCHDIOCESE OF INDIANAPOLIS**

**Student #1 Name** \_\_\_\_\_ Gender \_\_\_\_\_  
(as it appears on birth certificate)      *Last*      *First*      *Middle Initial*

Primary Address \_\_\_\_\_  
*Street Address*      *City*      *State*      *Zip Code*

Student Cell Phone \_\_\_\_\_ School District \_\_\_\_\_

County of Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Graduation Year \_\_\_\_\_ Allergies/Medical Conditions \_\_\_\_\_

Is the student Hispanic/Latino? Yes/No \_\_\_\_\_ Student's Race \_\_\_\_\_ Catholic/Non-Catholic \_\_\_\_\_  
(see options below)

**Student #2 Name** \_\_\_\_\_ Gender \_\_\_\_\_  
(as it appears on birth certificate)      *Last*      *First*      *Middle Initial*

Primary Address \_\_\_\_\_  
*Street Address*      *City*      *State*      *Zip Code*

Student Cell Phone \_\_\_\_\_ School District \_\_\_\_\_

County of Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Graduation Year \_\_\_\_\_ Allergies/Medical Conditions \_\_\_\_\_

Is the student Hispanic/Latino? Yes/No \_\_\_\_\_ Student's Race \_\_\_\_\_ Catholic/Non-Catholic \_\_\_\_\_  
(see options below)

**Student #3 Name** \_\_\_\_\_ Gender \_\_\_\_\_  
(as it appears on birth certificate)      *Last*      *First*      *Middle Initial*

Primary Address \_\_\_\_\_  
*Street Address*      *City*      *State*      *Zip Code*

Student Cell Phone \_\_\_\_\_ School District \_\_\_\_\_

County of Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Graduation Year \_\_\_\_\_ Allergies/Medical Conditions \_\_\_\_\_

Is the student Hispanic/Latino? Yes/No \_\_\_\_\_ Student's Race \_\_\_\_\_ Catholic/Non-Catholic \_\_\_\_\_  
(see options below)

**Student #4 Name** \_\_\_\_\_ Gender \_\_\_\_\_  
(as it appears on birth certificate)      *Last*      *First*      *Middle Initial*

Primary Address \_\_\_\_\_  
*Street Address*      *City*      *State*      *Zip Code*

Student Cell Phone \_\_\_\_\_ School District \_\_\_\_\_

County of Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Graduation Year \_\_\_\_\_ Allergies/Medical Conditions \_\_\_\_\_

Is the student Hispanic/Latino? Yes/No \_\_\_\_\_ Student's Race \_\_\_\_\_ Catholic/Non-Catholic \_\_\_\_\_  
(see options below)

**Racial Options for each student above are:** African-American, American Indian, Asian, Caucasian, Hispanic, Pacific Islander

**Parent/Guardian Contact #1**

\_\_\_ mother \_\_\_ father \_\_\_ guardian \_\_\_ grandmother \_\_\_ grandfather \_\_\_ stepmother \_\_\_ stepfather  
\_\_\_ aunt \_\_\_ uncle \_\_\_ sister \_\_\_ brother \_\_\_ other \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Last)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (es) \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street Address City State Zip Code*

Employer \_\_\_\_\_

**Parent/Guardian Contact #2**

\_\_\_ mother \_\_\_ father \_\_\_ guardian \_\_\_ grandmother \_\_\_ grandfather \_\_\_ stepmother \_\_\_ stepfather  
\_\_\_ aunt \_\_\_ uncle \_\_\_ sister \_\_\_ brother \_\_\_ other \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Last)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (es) \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street Address City State Zip Code*

Employer \_\_\_\_\_

**Parent/Guardian Contact #3**

\_\_\_ mother \_\_\_ father \_\_\_ guardian \_\_\_ grandmother \_\_\_ grandfather \_\_\_ stepmother \_\_\_ stepfather  
\_\_\_ aunt \_\_\_ uncle \_\_\_ sister \_\_\_ brother \_\_\_ other \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Last)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (es) \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street Address City State Zip Code*

Employer \_\_\_\_\_

**Email Addresses & Cell Phones are our Primary Communication Tools**