

# SAINT JOSEPH HIGH SCHOOL PERSONAL INFORMATION SHEET

In an effort to make sure we have the most up to date information, please complete this form, sign and have your son return on Orientation Day. PLEASE PRINT ALL INFORMATION

**Student ID:** \_\_\_\_\_

**Name (Last, First):** \_\_\_\_\_

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

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Father (Last, First):** \_\_\_\_\_

**Father's Employer:** \_\_\_\_\_

**Father's Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Father Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Mother (Last, First):** \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_

**Mother's Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Mother's Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
(other than parent)

**Relationship:** \_\_\_\_\_

**Student Lives With:** \_\_\_ Both Parents (married) \_\_\_ Mother \_\_\_ Father \_\_\_ Legal Guardian  
\_\_\_ Parents Separated \_\_\_ Parents Divorced \_\_\_ Mother Remarried  
\_\_\_ Father Remarried \_\_\_ Mother Deceased \_\_\_ Father Deceased

**Signature:** \_\_\_\_\_

Mother/Father/Guardian (please circle)