

BISHOP LEIBOLD SCHOOL
STUDENT INFORMATION FORM

PLEASE PRINT

REGISTERED MEMBERS OF _____ PARISH

STUDENT'S NAME _____ SEX _____
(LAST) (FIRST) (MIDDLE)

NICKNAME OR NAME PREFERRED TO BE CALLED _____

ADDRESS _____ PHONE _____

CITY _____ ZIP _____

PLACE OF BIRTH _____ MONTH _____ DAY _____ YEAR _____

FATHER _____ LIVING _____ BIRTHPLACE _____

RELIGION _____ EDUCATION _____

OCCUPATION _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____

MOTHER _____ LIVING _____ BIRTHPLACE _____
(FIRST & MAIDEN)

RELIGION _____ EDUCATION _____

OCCUPATION _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____

TO ENTER GRADE _____ FROM _____
(SCHOOL) (CITY & STATE)

BAPTISM _____ DATE _____
(CHURCH) (CITY & STATE)

FIRST COMMUNION _____ DATE _____
(CHURCH) (CITY & STATE)

DO YOU WANT BUS SERVICE? YES _____ NO _____

PLEASE CHECK THE PUBLIC SCHOOL DISTRICT IN WHICH YOU LIVE.

CENTERVILLE _____ MIAMISBURG _____ SPRINGBORO _____ WEST CARROLLTON _____