

NAME OF STUDENT _____
(LAST) (FIRST)

ADDRESS _____
STREET CITY/ZIP

TELEPHONE _____ BIRTH _____
(AREA CODE MONTH, DAY, YEAR

Please check (x) the Sacraments your child has received.

_____Baptism _____Communion _____Reconciliation

For survey purposes please check all that apply:

Ethnic Background: American Indian/Alaskan Native _____Asian _____Black _____

Hispanic _____Mulit-Racial _____ Native Hawaiian/Pacific Islander _____

White _____

What public school would your child attend if he/she did not attend St. Celestine?
